

Case Number:	CM15-0189631		
Date Assigned:	10/01/2015	Date of Injury:	12/16/2008
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69 year old male who sustained an industrial injury on 12-16-2008. A review of medical records indicates the injured worker is being treated for left proximal tibial fracture, posttraumatic osteoarthritis of the left knee lateral compartment, and left leg foot drop. Medical records dated 9-8-2015 noted persistent pain in the left knee. Pain was rated a 5 out 10. He had an injection the week prior allowing him to ambulate longer periods of time. Pain at the previous visit was slightly worse. Physical examination of the left knee revealed loss of range of motion with palpable tenderness over the medial joint line. There was audible crepitus and positive patellofemoral grind test. Examination of the left ankle revealed tenderness over the medial and lateral portions of the ankle. Treatment has included injection and tramadol since 8-17-2015. He is on modified work duty. Utilization review form dated 9-11-2015 noncertified AFO brace left foot and Kera-Tek gel 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AFO brace, left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the MTUS Guidelines, for acute ankle injuries, immobilization and weight bearing as tolerated, and taping or bracing to avoid exacerbation or for prevention is recommended. The injured worker does not have an acute injury, and there is no indication of any instability by examination, therefore, the request for AFO brace, left foot is determined to not be medically necessary.

Kera-Tek gel 4 oz: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation URL [www.dailymed.nlm.nih.gov/dailymed/druginfo].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.connectrx.com/connectrx/productb/geritrex-corp/kera-tek-methyl-salicylate-menthol>.

Decision rationale: Per manufacturer's information, Kera-tek gel contains the active ingredients methyl salicylate and menthol. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. In this case, the requested medication is supported by the guidelines, therefore, the request for Kera-Tek gel 4 oz is determined to be medically necessary.