

Case Number:	CM15-0203207		
Date Assigned:	10/20/2015	Date of Injury:	11/23/2011
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 23, 2011. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for Kera tek analgesic and a flurbiprofen-containing topical compound. The claims administrator referenced an RFA form received on September 14, 2015 in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant was described as doing fairly poorly owing to ongoing complains of locking and catching about the knee. The applicant was asked to pursue a knee arthroscopy to ameliorate issues with large knee meniscal tear. The applicant was placed off of work, on total temporary disability while Orphenadrine-caffeine, gabapentin-pyridoxine, omeprazole-flurbiprofen, and several topical compounds were endorsed. It was not stated whether the request in question represented a renewal or extension request or not. On July 2, 2015, the applicant reported ongoing complaints of knee, ankle, and low back pain. Tramadol and Ambien were endorsed while the applicant was placed off of work, on total temporary disability. The applicant's complete medication list was not seemingly detailed or characterized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera tek gel #113 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

Decision rationale: No, the request for Kera tek gel was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Kera tek are indicated in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's August 20, 2015 office visit did not clearly establish whether the request in question represented a renewal request or first-time request. It appeared, based on the timeline, however, that the request in fact represented a renewal or extension request. The applicant had, however, seemingly failed to profit from ongoing Kera tek usage, the treating provider suggested on the date in question. The applicant was described as fairing poorly on August 20, 2015. The applicant reported difficulty walking, it was reported on this date. Ongoing usage of Kera tek failed to curtail the applicant's dependence on topical compounds such as the agent also at issue and on opioid agent such as Tramadol, the treating provider acknowledged. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Flurb/Cyclo/Menth/Cream 20%/10%/4% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for a flurbiprofen-cyclobenzaprine-menthol-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e. the secondary ingredient in the compound is not recommended for topical compound formulation purposes. This resulted in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.