

Case Number:	CM15-0023364		
Date Assigned:	02/13/2015	Date of Injury:	04/15/2004
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on April 15, 2005. She has reported knee pain. The diagnoses have included leg joint pain. Treatment to date has included physical therapy, and medications. Currently, the IW complains of knee pain. Physical findings are noted as tenderness to the knees, swelling to the right knee. On January 9, 2015, Utilization Review non-certified Kera Tek Gel, quantity #110, and Flurb/Cyclo/Menth cream 20%/10/4%. The MTUS guidelines were cited. On February 7, 2015, the injured worker submitted an application for IMR for review of Kera Tek Gel, quantity #110, and Flurb/Cyclo/Menth cream 20%/10/4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel #113: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Kratak gel is a topical NSAID analgesic. Voltaren gel another NSAID has been indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant is not diagnosed with arthritis. There are diminishing effects after 2 weeks. In addition, the claimant has previously been provided with Terocin cream, another topical analgesic. Continued and long-term use of topical analgesics are not indicated and the use of Keratek gel is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical muscle relaxants such as Cyclobenzaprine is not recommended due to lack of evidence. Since the cream above contains it, the Flurb/Cyclo/Menth Cream 20%/10/4% is not medically necessary.