

Case Number:	CM15-0033926		
Date Assigned:	02/27/2015	Date of Injury:	11/17/2011
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female with a date of injury dated 11/17/2011; the mechanism of injury was due to loss of balance and twisted the left foot. The injured worker's diagnoses are left knee meniscal tear, status post arthroscopy, and left knee patellofemoral chondromalacia. The past treatments since the date of injury have included physical therapy of the left knee, use of a TENS unit and use of a knee brace, chiropractic care, acupuncture, and the use of NSAIDS. Pertinent diagnostics have included x-rays and MRIs from multiple dates. Surgical history includes diagnostic arthroscopy, partial medical meniscectomy with chondroplasty of lesions, with removal of small cartilaginous loose body on 10/01/2012. On the clinical notes dating 01/21/2015 the injured worker was having subjective complaints of frequent left knee pain, 7/10. Physical exam finding revealed decreased range of motion of flexion to 120 degrees and extension 0 of the left knee, with tenderness over the patellar and medial joint, as well as crepitus. There was positive patellofemoral grind of the left knee noted with muscle strength of 4+/5. The treatment plan included the use of Kera-Tek Analgesic gel in an attempt to control her left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111; 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the referenced guidelines, the use of topical analgesics is largely experimental with only a few randomized controlled trials used to determine the efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Based on the notes submitted for review, the injured worker does not have the clinical findings to support the need for the request. There are no symptoms correlating with neuropathic pain and no data to validate the use of a topical analgesic over an oral medication to control pain. Given the above, the request for Kera-Tek Analgesic gel is not medically necessary.