

Case Number:	CM15-0050562		
Date Assigned:	03/24/2015	Date of Injury:	02/25/2008
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 58 year old male, who sustained an industrial injury on February 25, 2008. He reported right knee injury. The injured worker was diagnosed as having osteoarthritis of lower leg, and knee pain. Treatment to date has included medications, physical therapy, heat and ice applications, and exercise. On August 18, 2014, he was seen for continued right knee pain. The treatment plan included: administration of 4 more Hyalgan injections to the right knee, request for urine toxicology screening, and prescription for Theraflex cream, and Kera Tek gel. The request is for Kera Tek gel, and Flubiprofen/Cyclobenzaprine/Menthol creme.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera tek gel (methyl salicylate/menthol) 4oz bottle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical; topical analgesic Page(s): 105, 111-113.

Decision rationale: The patient presents with pain and weakness in his right knee. The request is for TERA TEK GEL (METHY SALICYLATE/MENTHOL) 4 OZ BOTTLE. Per 08/18/14 progress report, the patient is taking Hydrocodone/APAP, Diclofenac sodium ER, pantoprazole sodium ER. The patient has had a 5 series of Hyalgan injections for osteoarthritis of his right knee. Work statue is unknown. Kera- Tek analgesic gel contains MENTHOL 16g in 100g and METHYL SALICYLATE 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the treater provided one report indicating Kera Tek Gel is prescribed on 08/18/14. It is not clear whether or not the patient has been utilizing this medication. There is no documentation regarding how this medication is being used with what effectiveness. However, the patient does present with osteoarthritis in his right knee for which this product may be indicated. The request IS medically necessary.

Flurbiprofen/cyclobenzaprine/menthol cream 20%/10%/4% 180gm: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his right knee. The request is for Flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%/4% 180GM. MTUS guidelines do not recommend Cyclobenzaprine as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical Cyclobenzaprine, the request IS NOT medically necessary.