MAXIMUS Federal Services

Case Number:	CM14-0099592		
Date Assigned:	07/28/2014	Date of Injury:	05/01/2011
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with date of injury 5/1/2011. Per primary treating physician's progress report dated 5/21/2014, the injured worker complains of cervical spine, lumbar spine, bilateral shoulder, right hand and right knee pain. She describes her cervical spine pain and right hand pain as 8-9/10, frequent, and intermittent. She reports her lumbar spine pain as 8-9/10 which is frequent and intermittent with radiation of pain into both legs. She is taking Ultram two tablets a day and reports improvement in her pain from 9/10 to 4/10 after taking the medication. On examination, she is in no acute distress. The cervical spine revealed limited range of motion. There was tenderness to palpation noted over the right trapezius and paravertebral muscles. Shoulder depression test was positive on the right. Muscle strength was 4/5 in the C7 and C8 nerve roots on the right side and 5/5 on the left side. Sensation was normal in the C5 and C6 nerve distributions bilaterally. Sensation was decreased in the C7 and C8 nerve distributions on the right and normal on the left. Examination of the lumbar spine revealed limited range of motion. Kemp test was positive on the right. Straight leg raise test was positive on the right at 60 degrees with pain radiating down to the right posterior thigh. Muscle strength was 5/5 in the L4, L5 and S1 nerver roots bilaterally. Sensation was decreased at 4/5 in the L4, L5, and S1 nerve distribution on the right and normal at 5/5 in the left. The right shoulder revealed limited range of motion. Drop arm test was positive on the right. Neer's impingement and Hawkins impingement tests were positive. There was painful arc of motion noted over 135 degrees. Diagnoses include 1) acute cervical strain 2) acute lumbar strain 3) right knee meniscus syndrome, rule out meniscal tear 4) right wrist sprain 5) rule out disc herniation of the cervical spine 6) rule out meniscal tear of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

KeraTek Analgesic Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 104, 111-113.

Decision rationale: Keratex gel contains the active ingredient menthol 16% and methyl salicylate 28%.Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain.Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of aneshtetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and 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. Although Keratek gel may be a reasonable treatment for this injured worker, the amount to be prescribed is not specified and therefore medical necessity is not established.The request for KeraTek Analgesic Gel is determined to not be medically necessary.

Flurbiprofen /Cyclobenzaprine /Menthol Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen, however, is not FDA approved.The MTUS Guidelines do not recommend the use of topical cyclobenzaprine as there is no evidence for use.Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of aneshtetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and 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. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical flurbiprofen, and topical cyclobenzaprine are not recommended, so the entire compounded agent is not recommended.The request for Flurbiprofen /Cyclobenzaprine /Menthol Cream is determined to not be medically necessary.