

Case Number:	CM14-0216220		
Date Assigned:	01/06/2015	Date of Injury:	08/12/2013
Decision Date:	03/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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 55 year old male who sustained a work related injury August 12, 2013. According to an initial orthopaedic evaluation report dated June 23, 2014, the injured worker had a twisting injury to his left knee. He was treated with physical therapy and injections, but remains symptomatic. The physician describes three views of the left knee and two views of the tibia x-ray revealing marked soft tissue effusion with some small spurring off the femoral condyle, but otherwise negative (report not present in medical record). An MRI of the left knee revealed a large medial meniscus tear (report not present in medical record). Treatment included physical therapy (notes not present in medical record), medication, and injections, bracing and remained disabled. On August 5, 2014, the injured worker underwent a diagnostic and operative arthroscopy of the left knee with a partial medial meniscectomy, chondroplasty of the medial femoral condyle, partial lateral meniscectomy, patelloplasty, partial synovectomy and removal of loose bodies with intraarticular injection. A primary treating physician's progress report dated November 13, 2014, finds the injured worker presenting for a follow-up examination for the left knee. He complains of soreness 1/10 and pain as 3/10. On physical examination there is mid tenderness, swelling and a limping ambulation to the left knee. X-rays were taken of the right knee with no increase in osteoarthritis (report not present in medical record). Treatment plan included request for physical therapy left knee, urine toxicology, interferential unit, topical medications prescription, and a knee sleeve. A request for authorization dated November 28, 2014 requests Kera Tek Gel #13 and Flurb/Cyclo/Menth Cream 20%/10%/4% with Pentravan Plus. Work status is documented as remain off work until January 6, 2015. According to

utilization review performed December 8, 2014, the request for Kera Tek Gel #113 and Flurb/Cyclo/Menth Cream 20%/10%/4% with Pentravan Plus are non-certified. Citing MTUS Guidelines, Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no indication that the injured worker has neuropathic pain or that a trial of antidepressants and/or anticonvulsant medications have been tried and failed. Therefore, the guidelines have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel #113.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: The patient presents with left knee pain rated 3/10. The request is for KERATEK GEL #113. The patient is status post left knee arthroscopy, meniscectomy, chondroplasty 08/05/14. Operative report diagnosis on 08/05/14 included chondromalacia of the patella and torn medial meniscus of the left knee. Physical examination to the left knee on 11/13/14 revealed mild tenderness, swelling and limping ambulation. X-rays of the right knee were taken, which showed "no increase of osteoarthritis." The patient is temporarily totally disabled. 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." Per treater report dated 11/13/14, patient has been given a knee sleeve for support, and Keratek Gel for pain/inflammation. The patient presents with knee arthritis, chondromalacia and diagnosis of torn medial meniscus for which the use of topical NSAIDs are supported by MTUS. There is no indication patient has tried Keratek Gel, which may be beneficial. Therefore, the request IS medically necessary.

Flurb/Cyclo/menth cream 20% w/Pentravan Plus.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: The patient presents with left knee pain rated 3/10. The request is for FLURB./ CYCLO/ MENTH CREAM 20% WITH PENTRAVAN PLUS. The patient is status post left knee arthroscopy, meniscectomy, chondroplasty 08/05/14. Operative report diagnosis on 08/05/14 included chondromalacia of the patella and torn medial meniscus of the left knee. Physical examination to the left knee on 11/13/14 revealed mild tenderness, swelling and limping ambulation. X-rays of the right knee were taken, which showed "no increase of osteoarthritis." The patient is temporarily totally disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per treater report dated 11/13/14, patient has been given a knee sleeve for support, and a prescription of Flurbiprofen/ Cyclo/ Mentho 20%/10%/4% cream for pain, which was also prescribed in progress report dated 07/31/14. The Flurbiprofen portion of compounded cream would be indicated for patient's knee problems according to MTUS. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine which is not supported for topical use by guidelines. Therefore, the request IS NOT medically necessary.