

Case Number:	CM14-0216274		
Date Assigned:	01/06/2015	Date of Injury:	12/20/2008
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
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 patient is a 47 year old male with an injury date on 12/20/08. The patient complains of persistent left knee pain per 11/13/14 report. The patient is taking Norco and Percocet for the pain per 11/13/14 report. The patient had a left total knee arthroplasty revision on 9/23/14, and had acute postoperative pain mainly with mobilization and physical therapy per 9/26/14 report. Based on the 11/13/14 progress report provided by the treating physician, the diagnoses are: 1. osteoarthritis of knee, unspecified 2. pain in joint, lower leg A physical exam on 11/13/14 showed "limited range of motion of left knee with persistent pain, stiffness, and swelling of left knee." The patient's treatment history includes medications, X-ray left knee, surgery left knee. The treating physician is requesting keratin gel #113 4oz bottle and flurbiprofen / cyclobenzaprine and menthol cream 20% / 10% / 4% cream 180mg is denied. The utilization review determination being challenged is dated 11/26/14 and denies both request due to lack of guideline support. The requesting physician provided treatment reports from 5/12/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**MED KERATEK GEL #113 4OZ BOTTLE AND
FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL CREAM 20%/10%/4% CREAM
180MG:** Overturned

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

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

Decision rationale: This patient presents with left knee pain. The treater has asked for Keratek gel #113 4oz bottle but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of topical analgesics being used in the past. Kera-tek gel contains Methyl Salicylate. Regarding topical analgesics, MTUS state 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. MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. In this case the patient has chronic pain in the left knee. As the patient is not currently using Kera-tek gel, a trial of Kera-tek for patient's peripheral joint arthritis would appear reasonable. The request IS medically necessary.