MAXIMUS Federal Services

Case Number:	CM14-0217989		
Date Assigned:	01/07/2015	Date of Injury:	09/28/2012
Decision Date:	03/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/29/2014

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 63 year old female who sustained an industrial injury on 09/28/2012 Diagnoses include knee and ankle tendonitis and bursitis, with a large medial meniscus tear of the left knee. Treatment to date has included medications, physical therapy, and bracing. A physician progress note dated 11/13/2014 documents the injured worker complains she is having clicking and catching of her left knee. There is tenderness at the medial joint line and has a positive McMurray's sign. A clinical Magnetic Resonance Imaging shows evidence of a large medial meniscus tear of the left knee. An Electromyography and Nerve Conduction Studies done on 09/18/2014 revealed findings consistent with left peroneal entrapment neuropathy, most likely about the knee. Treatment requested is for Compounded medication (Flurbiprofen 20%/ Cyclobenzaprine 10%/ Menthol Cream 4 %) 180 gm and Kera-Tek-Gel 4 oz. On 11/21/2014 Utilization Review non-certified the request for Compounded medication (Flurbiprofen 20%/ Cyclobenzaprine 10%/ Menthol Cream 4 %) 180 gm, and cited was California Medical Treatment Utilization Schedule (MTUS). On 11/21/2014 Utilization Review non-certified the request for Kera-Tek-Gel 4 oz., and cited was California Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek-Gel 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113. Decision based on Non-MTUS Citation Dailymed.com

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case Keratek gel 4oz contains menthol 16% and methyl salcilate 28%. There is no literature to support the efficacy of menthol therefore the combination product is not medically necessary.

Compounded medication (Flurbiprofen 20%/ Clyclobenzaprine 10%/ Menthol Cream 4 %) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.