

Case Number:	CM15-0129579		
Date Assigned:	07/16/2015	Date of Injury:	06/13/2008
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 43 year old female who sustained an industrial injury on 06/13/2008. She reported tripping over a rock and falling, injuring her knee. She sprained her right ankle while getting off the sidewalk. The injured worker was diagnosed as having osteoarthritis, and pain in joint. Treatment to date has included x-rays of the right foot and right ankle, and x-rays taken of the right knee and right tibia that are unremarkable. Currently, the injured worker complains of pain in the right knee, right ankle, and lumbar spine. On a scale of 1-10, the pain is rated as an 8. She complains that the lumbar spine pain is felt like knots with pain that radiates down the right leg and ankle leaving a cold sensation. X-rays of the lumbar spine show loss of lumbar lordosis, but the x-rays of the right knee, right tibia, right foot and right ankle are benign, showing no increase in osteoarthritis. There are no measurable parameters of exam. The worker states her symptoms are unchanged between visits. The treatment plan includes physical therapy, medications, ice and heat. Topical medications are ordered. A request for authorization is made for the following: 1. Keratek gel 4oz bottle 2. Compound: Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180 gm

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel 4oz bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for low back and right knee and ankle pain. When seen, pain was rated at 6/10. She had tripped three weeks before. No physical examination findings were reported. Active medications were Norco and Soma and oral diclofenac had been prescribed previously. Topical medications were prescribed. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral diclofenac had been prescribed previously without apparent intolerance. Another compounded topical agent containing an NSAID was also prescribed which is duplicative. This medication was not medically necessary.

Compound: Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180 gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for low back and right knee and ankle pain. When seen, pain was rated at 6/10. She had tripped three weeks before. No physical examination findings were reported. Active medications were Norco and Soma and oral diclofenac had been prescribed previously. Topical medications were prescribed. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.