

Case Number:	CM15-0163544		
Date Assigned:	09/28/2015	Date of Injury:	12/23/1999
Decision Date:	11/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 12-23-1999. The injured worker is undergoing treatment for: bilateral knee osteoarthritis, right knee extension contracture, status post right total knee replacement with residuals. On 6-3-15, he reported bilateral knee pain rated 7-8 out of 10. Physical examination revealed tenderness to both knees and crepitation and positive patellofemoral grind of the left. A cortisone injection was administered on this date to the left knee. On 7-20-15, he reported bilateral knee pain rated 7-8 out of 10. He indicated prolonged activity to aggravate the pain and that the left knee locks. Physical findings revealed tenderness and swelling in the right knee and tenderness and crepitation of the left knee. The provider noted Kera-tek gel is "to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration". The treatment and diagnostic testing to date has included: right total knee replacement (date unclear), medications, rest, acupuncture (amount completed unclear), cortisone injection of the left knee (approximately February 2015) is reported to have given relief for 5-6 months, urine toxicology (7-20-15). Medications have included: Tramadol, Naprosyn, Omeprazole. Tramadol is reported to reduce pain from 8 out of 10 to 4 out of 10, and Naprosyn is reported to reduce pain from 8 out of 10 to 5 out of 10. Current work status: modified duty. The request for authorization is for: Kera-tek gel (methyl salicylate-menthol) 4 oz; one magnetic resonance arthrogram of the left knee. The UR dated 8-17-15: certified one prescription for Ultram Tramadol 50mg quantity 60; non-certified one prescription for Kera-tek gel (methyl salicylate-menthol) 4 oz; and conditionally non-certified one magnetic resonance arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel (Methyl Salicylate/Menthol) 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Keratek gel contains a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does have arthritis but the claimant is on oral NSAIDS. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. There is no mention of discontinuing oral Naprosyn. Length of use for KeraTek gel is not specified. The KeraTek gel is not medically necessary.