

Case Number:	CM15-0172077		
Date Assigned:	09/14/2015	Date of Injury:	02/23/2012
Decision Date:	10/15/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 2-23-2012. He reported injury to the head, teeth, cervical spine, mid and lower back, bilateral hips and left knee from a fall. Diagnoses include cervical and lumbar disc herniation, bilateral knee meniscal tear, teeth injury, and status post left knee arthroscopy on 5-1-15 and right knee arthroscopy on. Treatments to date include activity modification, back brace, physical therapy, chiropractic therapy, and knee joint injection. Currently, he complained of ongoing pain in the low and mid back with radiation to bilateral lower extremities. Left knee pain was rated a 4 out of 10 VAS, intermittent, and improving with post-operative physical therapy. It was noted that due to the Tylenol #3 being denied, no medication was currently being self-administered. On 6-16-15, the physical examination documented well-healed surgical scars with tenderness and decreased range of motion in the left knee. The lumbar, thoracic, and lumbar spines revealed decreased range of motion with tenderness. The appeal requested authorization for a home health aide four hours a day, five days a week for two weeks (40 hours) and Kera-Tek gel (methylsalicylate-menthol) 4 ounces. The Utilization Review dated 8-5-15, denied the topical gel request per California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines that state "topical analgesics are largely experimental in use". The home health aide was denied based on the medical records failing to document that the injured worker was homebound per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective home health aide 4 hours a day, 5 days a week for 2 weeks (40 hours):

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): Home health services.

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no evidence in the available documentation that the injured worker is home-bound on a part-time or intermittent basis. The request for retrospective home health aide 4 hours a day, 5 days a week for 2 weeks (40 hours) is determined to not be medically necessary.

Kera-Tek gel (methyl salicylate/menthol) 4oz.: Overturned

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): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

Decision rationale: Per manufacturer's information, Kera-tek gel is a topical analgesic containing the active ingredients Menthol and Methyl Salicylate. Kera-tek gel is indicated for the temporarily relief of minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The request for Kera-Tek gel (methyl salicylate/menthol) 4oz. is determined to be medically necessary.

