

Case Number:	CM15-0172211		
Date Assigned:	09/14/2015	Date of Injury:	02/23/2015
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
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: Connecticut, California, Virginia
 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 53 year old male, who sustained an industrial injury on February 23, 2015. He reported pain in his left knee and left ankle. The injured worker was diagnosed as having left ankle sprain and left knee meniscal tear. Treatment to date has included diagnostic studies, surgery and medication. On July 9, 2015, the injured worker complained of intermittent left knee pain and left ankle pain. The pain was rated as a 2 on a 1-10 pain scale. Dorsiflexion and Anterior Drawer tests were positive. Anterior talofibular ligament, calcaneofibular ligament and posterior talofibular ligament testing revealed tenderness. Left ankle range of motion included plantar flexion 30 degrees, dorsiflexion 10 degrees, inversion 20 degrees and eversion 15 degrees. Strength was rated a 5 out of 5 with plantarflexion, dorsiflexion, inversion and eversion. The treatment plan included consultations, lace-up ankle support to use underneath his boot while he is working, medications and a follow-up visit. On August 7, 2015, utilization review denied a request for Kera-Tek gel (menthyl salicylate-menthol) 4 ounce. A request for left ankle lace-up brace purchase and consultation with orthopedist for the left ankle was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel (menthyl salicylate/menthol), 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Salicylate Topicals.

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities (oral medications, etc.) makes the requested treatment not medically indicated.