MAXIMUS Federal Services

Case Number:	CM15-0175827		
Date Assigned:	09/17/2015	Date of Injury:	12/20/2012
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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 is a 51-year-old male, who sustained an industrial injury on December 20, 2012 and reported left knee pain and swelling. The injured worker is diagnosed as having left knee anterior cruciate ligament and meniscal tears and left knee post-traumatic moderate medial compartment osteoarthritis. His work status is temporary total disability. Currently, the injured worker complains of left knee pain rated at 3 on 10. He reports the left knee locks, catches and buckles. Physical examinations dated March 5, 2015- August 10, 2015 reveal range of motion flexion of 130 degrees and tenderness to palpation of the medial joint line. McMurray's, Lachman's and patellofemoral grind tests were positive and valgus stress test was negative. Muscle strength is 5 on 5 with flexion and extension. No edema, bruising, atrophy, discoloration, rash, scar, abrasion or lacerations noted. Treatment to date has included an MRI (left knee dated June 12, 2015 reveals "an extensive horizontal tear in the anterior half of the medial meniscus" and "diffuse degenerative tearing of the posterior horn of the medical meniscus", "full thickness tear of the posterior root ligament of the medial meniscus is suspected", "subtle superior articular surface tear is visualized in the mid zone of the lateral meniscus", "chronic full thickness rupture of the anterior cruciate ligament causing anterior translation of the tibia and buckling of the posterior cruciate ligament" and "minimal tricompartmental osteoarthrosis with associated chondromalacia, tiny subcentimeter intra-articular body and a small amount of joint effusion"), physical therapy, knee brace and left knee injections (x3). The injured worker continues to experience chronic left knee pain despite other treatments including medications, per note dated August 10, 2015. Per note dated April 16, 2015, the injured worker reported relief from pain and swelling with rest and over the counter anti-inflammatory medication. The therapeutic efficacy from physical therapy, knee brace and injections was not included in the documentation. A

request Kera-Tek Gel (methyl salicylate menthol) 4 ounces-apply a thin layer two to three times daily or as directed to "restore activity levels and aid in functional restoration" is denied, due to lack of documentation regarding medications trialed and failed, plan of care for knee pain, as well as medical necessity is not consistent with the guidelines, per Utilization Review letter dated September 2, 2015.

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) 4 oz, apply thin layer 2-3 times daily or as directed: 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: The claimant sustained a work injury in December 2012 and continues to be treated for right forearm pain sustained as the result of a bite injury and left knee pain. He has findings of an anterior cruciate ligament rupture and medial meniscus tear by MRI scan in June 2015. When seen, he was having intermittent left knee pain and right forearm pain. Physical examination findings included dorsal wrist tenderness with normal strength and sensation. There was medial knee joint line tenderness with positive McMurray's, Lachman, and patellofemoral grind testing. Authorization for topical compounded medication was requested. In March 2015, his past medical history was that of panic attacks and stress and he was not taking any medications. 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. 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, there is no history of intolerance of an oral NSAID or contraindication to its use. The request is not considered medically necessary.