

Case Number:	CM15-0070194		
Date Assigned:	04/17/2015	Date of Injury:	03/04/2005
Decision Date:	05/18/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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 65 year old male, who sustained an industrial injury on March 4, 2005. The injured worker was diagnosed as having right knee tricompartmental osteoarthritis, lumbar spine sprain status post fusion with residuals; status post left hip replacement, and right hip pain. Treatment to date has included physical therapy, activity restrictions, home exercise program (HEP), Supartz viscosupplementation, and medication. Currently, the injured worker complains of persistent pain in the right knee. The Primary Treating Physician's examination dated March 9, 2015, noted the injured worker reported his pain at an 8/10 on a scale of 1 to 10 without medication, and a 4/10 with use of Norco two to three times a day as well as Kera-Tek gel. The injured worker was noted to have an antalgic gait when ambulating. Examination of the right knee was noted to show tenderness to palpation with crepitation. The Physician noted the injured worker was scheduled for right knee surgery on April 17, 2015, and was to continue with the Norco for his severe pain. A request for authorization was made for additional Kera-Tek gel, as the injured worker reported having benefit from using the gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel 4oz: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Menthol, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methyl salicylate, Topical analgesics Page(s): 105, 111-13.

Decision rationale: Kera-tek gel is a topically used, compounded product made up of two substances, menthol and methyl salicylate. It works by temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID). Menthol is a topical analgesic medication with local anesthetic and counterirritant qualities. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS recommends use of methyl salicylate for some inflammatory conditions that cause chronic pain but does not recommend it used for radicular pain. It does not comment on the topical use of menthol. This patient has non-radicular musculoskeletal pain and a trial of this medication is a viable option. There are no contraindications for use of Kera-tek gel. Medical necessity for use of this preparation has been established. Therefore, the requested treatment is medically necessary.