MAXIMUS Federal Services

Case Number:	CM15-0093428		
Date Assigned:	05/19/2015	Date of Injury:	06/22/2014
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 24 year old male who sustained an industrial injury on 6/22/14 injuring his back, left knee, left leg and psyche. He was initially treated at the industrial clinic where his left knee was cleansed and sutured. He received x-rays, pain medication and antibiotics and placed on restricted duty. He received crutches and a knee support. The employer was unable to provide extended restrictive work and he was taken off work. He then had 20 sessions of physical therapy (which were not effective), MRI of the left knee which was normal. Currently he is experiencing low back pain with radiation into the right hip. The pain is aggravated with activity. His pain level is 5/10. He also has constant left knee pain with popping, clicking, swelling and the knee gives way. His pain level is 8/10. He complains of stress as a result of the injury. There was no comment on current medications used. On physical exam of the lumbar spine there was tenderness on palpation and hypertonicity of the lumbar paraspinal bilaterally; decreased range of motion; positive straight leg raise on the left; decreased sensation in the L4 nerve distribution bilaterally; inability to walk heel to toe. The examination of the left knee revealed gash on the anterior left knee; decreased range of motion; tenderness on palpation of the tibial tubercle, medial joint line and lateral joint line with positive McMurray's test. X-rays of the bilateral knees (3/18/15) were normal. He is able to perform activities of daily living but has some difficulty getting off the toilet, climbing stairs rising from sitting position, sleep and sexual activities. Diagnoses include left knee strain, rule out meniscal tear; lumbar strain, rule out disc herniation. In the progress note dated 3/18/15 the treating provider's plan of care includes topical Kera-tek gel for pain relief as he has failed other treatment including physical therapy, activity modification and medications and remains symptomatic. This may restore activity and aid in functional restoration; Naprosyn for pain relief and to aid in restoring function to adequately perform activities of daily living and allow pursuit of gainful employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any specifically identified functional efficacy derived from treatment already rendered. The Naprosyn 550mg #60 is not medically necessary and appropriate.

Kera-tek analgesics gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Kera-Tek analgesic gel was requested. Keta-tek has active ingredients of methyl salicylate and menthol. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral pain relievers for a patient with multiple joint pain without contraindication in taking oral medication as the patient is concurrently taking another anti-inflammatory, Naprosyn. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury beyond guidelines criteria. The Kera-tek analgesics gel is not medically necessary and appropriate.