

Case Number:	CM14-0109271		
Date Assigned:	09/16/2014	Date of Injury:	10/10/2012
Decision Date:	11/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured multiple body parts on 10/10/12. Kera-Tek gel is under review. The injured worker complains of persistent neck, lower back and left shoulder pain that is rated 6/10 in severity. He states that Kera-Tek gel reduces his pain from 6/10-4/10. He has tenderness about the cervical spine with limited range of motion and a positive cervical compression test. He had shoulder depression and a positive Spurling's on the left. Range of motion was mildly limited. There was tenderness about the AC joint and a painful arc over 135 . Exam of the thoracic spine revealed paraspinal tenderness. There was limited range of motion and positive tenderness of the low back. Straight leg raise test on the left at 70 caused pain to the posterior thigh. The pain was slightly improving with chiropractic, and was also improved with hot showers and rest. He had injections to his shoulder that give tremendous relief. He was prescribed Kera-Tek gel 2-3 times daily. Epidural steroid injection for the low back was requested on 01/24/14. On 01/23/14, he was taking multiple oral medications including opioids, muscle relaxers, and anti-inflammatory medication. He was given Neurontin. His medications were refilled. On 01/13/14, he was taking pain medications through pain management. There is no mention of topical medication. Kera-Tek gel was ordered on 02/24/14. On 02/10/14, reported frequent and worsening pain. He was seen by pain management; however, his medication use is not described. Kera-Tek gel was recommended. On 02/21/14, he was still taking multiple oral medications and was given a refill. On 03/18/14, he was evaluated again which his continued to have ongoing symptoms. He remained on multiple oral medications. He was having an aggravation of pain and was referred back to chiropractic treatment. He was given Mobic and Terocin patches. On 03/10/14, he still had high levels of pain. Requests for Kera-Tek gel were made on multiple occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-TEK gel 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Kera-Tek gel. The MTUS state "Topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs. The injured worker received multiple other oral medications; however, it is not clear what additional benefit is expected from the use of this topical medication. There is no evidence that local modalities such as ice and/or heat were tried and failed to provide relief. He did report benefit from heat and his medications. Therefore, this request is not medically necessary.