

<b>Case Number:</b>	CM14-0123509		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 is a 31-year-old male with a reported injury on 01/25/2013. The mechanism of injury was reported to be due to prolonged sitting, causing the injured worker chronic back and knee pain. The injured worker's diagnoses included chronic lumbosacral sprain/strain, 1 mm disc bulge at L5, bilateral carpal tunnel syndrome which is resolved, and depression and anxiety due to industrial causation. The injured worker has had previous treatments of physical therapy which was reported to have improved the pain. The injured worker had an examination on 06/23/2014. He complained of pain to the lumbar spine as burning and affecting the left lower extremity along with pins and needle sensation. He also reported that he had a rash on the back of his neck and has been persistent for the past 4 to 6 weeks. He rated his pain on the lumbar spine at a 5/10 and his knees bilaterally were at a 2/10 to 3/10. The examination revealed that there was tenderness to the lumbar spine on palpation and that the injured worker did have full active range of motion for flexion, extension, and rotation. His neurovascular status was intact distally and his bilateral sitting straight leg raise test was negative. The list of medications was not provided. The recommended plan of treatment was to request authorization for physical therapy and to request authorization for the Kera-Tek analgesic gel. The rationale for the Kera-Tek gel is that the injured worker has been intolerant to other treatment including activity restrictions, medications, and a home exercise program. He is prescribing the Kera-Tek gel to maintain the patient's painful symptoms, and to restore activity levels and aid in functional restoration. The Request for Authorization was signed and dated for 06/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek gel, 4 (four) ounces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG, Methyl Salicylate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105; 111.

**Decision rationale:** Although the California MTUS Guidelines do recommend the salicylate topicals, the guidelines recommend that topical analgesics are for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical analgesics are largely experimental in the use with few randomized control trials to determine efficacy or safety. There was a lack of documentation of efficacy of previous medications. There also was mention that the injured worker was intolerant to other treatments to include activity restrictions, medications, and a home exercise program, although the specifics were not provided. Furthermore, the request does not have directions as far as to frequency, duration, or the body part as to where the medication is to be applied. The clinical information fails to meet the evidence based guidelines for the request for the Kera-Tek gel. Therefore, the Kera-Tek gel 4 oz. is not medically necessary.