

Case Number:	CM14-0134697		
Date Assigned:	08/27/2014	Date of Injury:	07/18/2012
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Emergency 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This injured worker has a reported date of injury on 7/18/2012. Mechanism of injury is described as a trip and fall injuring L ankle and other body parts. Patient has a diagnosis of chronic lumbar strain, L foot injury and post foot surgery. Patient has a history of L ankle surgery on 10/21/13 for ligaments and tendon repair with hardware placement. Patient is post L heel calcaneal osteotomy with hardware removal; sural nerve decompression and partial calcanea resection on 5/9/14. Medical reports reviewed last report available until 7/11/14. Patient complains of low back pain radiating to both legs. Pain is 8/10 worsens with sitting, standing and walking and activity. Medication reportedly "temporarily alleviates" pain. Patient also complains of weakness, numbness and tingling in both feet. Patient also complains of bilateral knee pains of 8/10. L ankle/foot pain is constant and worsens with ambulation, injured worker is also noted to have claims of acid reflux. Objective exam reveals patient walks with a limp using a crutch. Lumbar exam reveals decreased range of motion(ROM), tenderness to lumbar paraspinal muscles with tenderness and hypertonicity. Negative straight leg, Kemp's, Patrick-Fabere and other tests. There was normal sensation and motor exam. Hip exam reveals tenderness to L greater trochanter but was normal otherwise. Knee exam was normal. L foot exam on 7/11/14 was limited by wrapping. The requesting physician was recommending Kera-Tek gel to decrease the need for oral Motrin. MRI of L ankle (8/1/14) reveals old injuries involving distal inferior tip of fibula and posterior calcaneus (with pin tracks), anterior talus contusion, degenerative joint disease with thin articular cartilages of ankle, posterior tibial tendon tenosynovitis, and minimal effusion. No medication list was provided for review. It is only noted that patient is on Motrin. Independent Medical Review is for

Kera-Tek (brand specific) gel. Prior UR on 7/25/14 recommended modification to over the counter topical salicylate.

IMR ISSUES, DECISIONS AND RATIONALES

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

BRAND NAME KERA-TEK GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

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

Decision rationale: The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Kera-Tek is a brand specific medication containing methyl-salicylate and menthol. 1) Methyl-Salicylate: As per MTUS Chronic pain guidelines, methyl-Salicylate is recommended for osteoarthritis especially of the knee. It may be recommended for certain chronic musculoskeletal pains for short term treatment. There is no evidence for its efficacy in the spine, hip or shoulder. Patient has spine and hip pains. It is not clear from the documentation, where this medication is being specifically directed at. 2) Menthol: There is no information in the MTUS Chronic pain, ACOEM guidelines of Official Disability Guidelines concerning menthol. There appears to be some topical soothing effect but no evidence is available to support this affect. The request is specific to a brand name product. There is no documentation as to why Kera-Tek was specially requested. While Methyl-Salicylate may be recommended for a short term trial for patient's pain in the ankle and knee, it is not clear from the documentation as to where it is being applied. Menthol is not a specific medication with any recommendation available. Due to lack of documentation of where this medication is to be applied, whether to a recommended area or a non-recommended area and the lack of documentation as to why a brand specific medication was ordered; Kera-Tek is not medically necessary.