

Case Number:	CM14-0153671		
Date Assigned:	09/23/2014	Date of Injury:	06/25/2014
Decision Date:	10/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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:

This 46-year-old claimant has a date of injury of 6/25/2014. The mechanism of injury was not noted. In a progress noted dated 8/28/2014, the patient complains of lumbar spine and left hip pain. The lumbar spine pain is rated 8-9/10, constant, and remains unchanged from previous visit. On a physical exam dated 8/28/2014, there was limited range of motion in lumbar spine. There was tenderness over the paraspinal muscles bilaterally with hypertonicity on the left side. The diagnostic impression shows chronic lumbar strain, left lower extremity radicular pain. Treatment to date: medication therapy, behavioral modification, physical therapy, and ice packs. A UR decision dated 8/21/2014 denied the request for Kera-Tek Gel, stating that this topical medication is not recommended for spinal conditions or neuropathic pain as there is no evidence to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS states that topical salicylates are significantly better than placebo in chronic pain. The FDA states that Kera-Tek is a combination of Menthol 16% and methyl salicylate 28%. In the 8/28/2014 progress report, this patient is noted to be on Diclofenac 3%/ Lidocaine 5% to treat his chronic pain, and there was no discussion regarding the medical necessity of Kera-Tek in addition to this topical medication. Furthermore, this product contains methyl salicylate, and there was no clear rationale provided regarding why this patient could not tolerate over-the-counter formulations such as Ben-Gay. Therefore, the request for Kera-tek Gel was not medically necessary.