

<b>Case Number:</b>	CM14-0034604		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 30-year-old male with a 6/26/12 date of injury and status post excision of calcaneal spur and left Achilles tendon repair 9/9/13. At the time (2/19/14) of request for authorization for Kera-Tek Gel and Anexsia 7.5/325mg, there is documentation of subjective (pain affecting the left foot and ankle particularly the posterior compartment that is sharp and exacerbated with weight-bearing, and improvement in pain level from 5/10 to 2-5/10 after taking medication) and objective (left foot and ankle skin intact, evidence of a midline surgical incision posteriorly, tenderness to palpation, full dorsiflexion, plantarflexion limited, full eversion and inversion, neurovascular status intact distally, strength 4/5, and antalgic gait pattern) findings, current diagnoses (probable incomplete middle subtalar coalition, peroneus brevis tendinosis of the left ankle, acute plantar fasciitis of the left foot with reactive edema in the calcaneus, reactive osteitis in the calcaneus of the left foot, left Achilles tendinopathy with bursitis, and moderately severe insertional tendinosis of the Achilles tendon without a tear), and treatment to date (splinting, activity restrictions, medications (including ongoing treatment with Anexsia), physical therapy, and home exercise program). Regarding Anexsia, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as well as functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anexsia use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Container of Kera-Tek Gel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

(<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>).

**Decision rationale:** An online search identifies Keratek gel as a topical compounded analgesic medication consisting of Menthol 16% and Methyl Salicylate 28%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Kera-Tek Gel is not medically necessary.

**60 Tablets of Anexsia 7.5/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of probable incomplete middle subtalar coalition, peroneus brevis tendinosis of the left ankle, acute plantar fasciitis of the left foot with reactive edema in the calcaneus, reactive osteitis in the calcaneus of the left foot, left Achilles tendinopathy with bursitis, and moderately severe insertional tendinosis of the Achilles tendon without a tear. However, there is no documentation of that the prescriptions are from a single practitioner and

are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of improvement in pain level from 5/10 to 2-5/10 after taking medication, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anexsia use to date. Therefore, based on guidelines and a review of the evidence, the request for Anexsia is not medically necessary.