

<b>Case Number:</b>	CM14-0038966		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Medicine and is licensed to practice in Texas. 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 29 year old female who is reported to have sustained injuries to her low back as a result of moving boxes of clothing on 03/05/12. Per the submitted clinical records, the injured worker subsequently underwent a course of conservative management which included epidural steroid injections without benefit. On 03/04/14, she was taken to surgery and underwent a discectomy at L4-5 and L5-S1. It is reported postoperatively that surgery did not relieve her low back symptoms. She is noted to have undergone a 2nd lumbar surgery on 05/06/13. She is noted to have continued complaints of low back pain. There was concern regarding elevated liver enzymes and on 08/19/13 the injured worker was seen by a qualified medical evaluator. An ultrasound of the liver was performed and no pathology was identified. She is found to have a 0% impairment from an internal medicine perspective. The clinical records report that the injured worker has complaints consistent with gastroesophageal reflux disease. She has been provided a topical gel and has been recommended for an internal medicine consult regarding gastroesophageal reflux disease (GERD). The clinical record contains a utilization review determination dated 03/12/14 in which requests for Kera-Tek gel and a request for an internal medicine consult for GERD symptoms were non-certified.

### 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): 11-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The request for Kera-Tek gel is not supported as medically necessary. Per the California Medical Treatment Utilization Schedule guidelines, topical analgesics are considered experimental and investigational due to the few randomized controlled trials. The safety and efficacy of topical analgesics has not been established.

**Internal Medicine consult for GERD symptoms:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

**Decision rationale:** The request for an internal medicine consult for gastroesophageal reflux disease (GERD) symptoms is recommended as medically necessary. The records reflect that the injured worker is 2 years post-date of injury and has been maintained on oral medications for this. She has complaints of GERD symptoms. Given her chronic use of medications and subjective reports of GERD symptoms, evaluation by internal medicine is considered medically necessary to rule out medication induced gastritis.