

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0048024 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 08/22/2011 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 Iowa, has a subspecialty in Preventative Medicine and is licensed to practice in Occupational Medicine. 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 patient is a 29 year old female employee with date of injury of 8/22/2011. A review of the medical records indicate that the patient is undergoing treatment for chronic cervical spine strain (disc herniation ruled out), chronic lumbar strain with radiation to the lower extremity (disc herniation ruled out) Patient has a history of gastropathy secondary to prolonged modification usage and a history of depression and anxiety as well as sleep difficulties, industrial causation is deferred. During visit to physician on 1/30/2014, subjective complaints include very little improvement despite receiving epidural steroidal injection. Additionally, patient reported pain radiating down to posterior aspect of the right leg to the heel with no numbness and tingling. Patient claimed that Anexsia helps alleviate pain from 9/10 to 3/10. Objective findings include tenderness to palpitation over the right SI joint and right paraspinal muscles, limited range of movement (ROM) with flexion at 30 degrees and limited rotation at 30 degrees bilaterally. Negative SLR bilaterally. Sensation intact in lower extremities. Treatment has included an epidural steroidal injection administered 1/31/2014 and administration of Anexsia (1-2 tablets by mouth every 6 hours pre pain (max 5/day).The utilization review dated 3/20/2014 non-certified of Kera-Tek Gel Thin Layer Application to Affected Area 2-3 Times Daily, Quantity 4 Ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel apply thin layer to affected area 2-3 times daily quantity 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines - Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topical analgesic Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate topicals, Topical analgesics.

Decision rationale: Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. MTUS states regarding topical analgesics, There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician does not provide evidence that the patient has failed trials of antidepressants and anticonvulsants. It is unclear if the patient started the medicine, how long the trial was, and the detailed results of the trial. As such, the request for Kera-Tek Gel apply thin layer to affected area 2-3 times daily quantity 4 oz is not medically necessary at this time.