

<b>Case Number:</b>	CM14-0053305		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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:

The patient is a 46-year-old female who has submitted a claim for blunt head trauma with continued headaches and blurry vision, acute cervical strain rule out disc herniation, and anxiety and depression associated with an industrial injury date of June 18, 2013. Medical records from 2013-2014 were reviewed. The patient complained of cervical spine pain, headache, and issues related to the face and left eye. The neck pain radiates down to both arms with numbness, tingling and weakness into the upper extremities. The pain in the neck and head was worse with neck rotation and movement. Physical examination showed tenderness over the trapezius and paravertebral muscles bilaterally. There was limited range of motion of the cervical spine. Shoulder depression and Spurling's test were positive. Motor strength was 4/5 on the right and 5/5 on the left in the C5, C6, C7 and C8 nerve roots. Sensation was decreased in the C5, C6, C7 and C8 distributions bilaterally. CT scan of the head, dated July 22, 2013, revealed no evidence of large acute cortical infarct, mass effect, intracranial hemorrhage or depressed skull fracture. Treatment to date has included medications, physical therapy, and activity modification. Utilization review, dated March 24, 2014 denied the request for CT scan of the brain because there was no indication for a repeat scan nor was it being requested by the neurologist; and denied the request for Kera-Tek gel 4oz because the efficacy and safety of the requested medication has not been established and it cannot be recommended as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Computed Tomography (CT) of the brain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Chapter, CT scan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, CT (computed tomography).

**Decision rationale:** The Official Disability Guidelines (ODG) states that CT scans are noninvasive and should reveal the presence of blood, skull fracture, and/or structural changes in the brain. CT scans provide limited information about intrinsic cerebral damage involving deep brain structures. CT scans are widely accepted for acute diagnostic purposes, and for planning acute treatment. They are the screening image of choice in acute brain injury and are used to assess the need for neurosurgical intervention. In this case, a previous head CT scan was done dated July 22, 2013, which revealed no evidence of large acute cortical infarct, mass effect, intracranial hemorrhage or depressed skull fracture. Rationale for another CT scan of the brain was not provided. There is no new injury or worsening of symptoms. Furthermore, there was no subjective nor objective information which may indicate neurologic deficits in relation to the brain. A thorough neurologic examination was not provided. The medical necessity for brain CT scan was not established. Therefore, the request for Computed Tomography (CT) of the brain is not medically necessary and appropriate.

### **Kera-Tek Gel 4oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medication Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylate.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Keratek gel contains 28% methyl salicylate and 16% menthol. Page 105 states that topical salicylates (e.g. Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter issued an FDA warning indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the rationale for the request is because of her GI issues with prior NSAID use in the past. However, it has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Kera-Tek Gel 4oz is not medically necessary and appropriate.