

Case Number:	CM14-0060349		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2014
Decision Date:	09/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation, 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 39 year old male with a reported date of injury on 01/17/2014. The mechanism of injury was not provided. The injured worker's diagnoses included acute and chronic lumbar strain, rule out lumbar disc herniation, and muscle spasm of back. The injured worker's previous treatments included chiropractic care (12 visits), medications and durable medical equipment. The injured worker's diagnostic studies included an MRI with no results provided. No pertinent surgical history was provided. The injured worker was seen for reevaluation on 02/05/2014 with complaints of continued intermittent lower back pain rated at 2/10 that had improved by 30% and limited back motion. The injured worker denied radiation of pain, parasthesias, leg weakness, numbness or tingling. The clinician observed and reported the injured worker to have a normal gait, full weight bearing on both lower extremities, no weakness of the lower extremities, there were spasms and diffuse tenderness of the paravertebral musculature. Range of motion was restricted with flexion resulting in fingertips at the mid-tibia and extension at 20/30 degrees. Bilateral patellar and Achilles deep tendon reflexes were 2/4, sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities, and the back muscles displayed no weakness. The injured worker's medications included Ultram (tramadol) 50 mg, Lodine (etodolac) 400 mg, Kera-Tek Gel 4 oz, nabumetone 750 mg twice per day, orphenadrine citrate ER 100 mg at bedtime, tramadol/acetaminophen 37.5/325 mg 1-2 times per day as needed, Polar Frost Roll-on 4% Topical Gel three times per day as needed, and omeprazole 20 mg once daily. The request was for Kera-Tek Gel 4 oz #1. No rationale for this request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel 4 oz #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Pain Procedure Summary last updated 03/18/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: The injured worker is diagnosed with acute and chronic lumbar strain and muscle spasms. Kera-Tek Gel is comprised of Menthol and Methyl Salicylate. The MTUS Chronic Pain Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS Chronic Pain Guidelines state salicylate topicals are significantly better than placebo in chronic pain. The injured worker has not been diagnosed with neuropathic pain; the last neurologic exam was essentially normal. There is no evidence that the injured worker has undergone a trial and failure of antidepressants or anticonvulsants prior to the request for topical analgesics. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which the medication is to be applied in order to determine the necessity of the medication. Therefore, the request for Kera-Tek Gel 4 oz #1 is not medically necessary.