MAXIMUS Federal Services

Case Number:	CM14-0064023		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2012
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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:

This is a case of a 46-year old male who has filed a claim for lumbar stenosis status post decompression, persistent right L5 radiculopathy and disc herniation associated with an injury date of 07/11/12. Medical records from 2014 were reviewed. Latest progress reports reveal that the patient has 7/10 continued low back pain, occasional to constant radiating to the right lower extremity posteriorly, unchanged from previous visit. The pain improves with medications, rest and sleep, and worsens with prolonged walking and sitting. Examination of the lumbar spine revealed healed incision, tenderness over the midline and both paraspinal musculatures. He has limited ranges of motion because of pain. Straight leg test was positive in the right leg in the sitting position to 50 degrees, which produces posterior thigh pain. He has decreased sensation at the right L5 to S1 nerve root distributions. MMT showed 4/5 strength on the right in L5 and S1 nerve root distributions. Otherwise, both lower extremities were neurologically intact. Treatment to date has included medications, epidural injections and surgical intervention. He is not undergoing any other forms of treatment, e.g. physical therapy. Medications taken include Vicodin, Flexeril, Norco, Tramadol, and Losartan. Utilization review dated 04/21/2014 denied the request for Kera-tek gel for lumbar spine. CA MTUS Guidelines does not recommend the use of topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA (food and drug administration) has issued an alert in 2012 indicating that topical OTC (over the counter) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Furthermore, the request does not specify frequency, number, and duration of use. The clinical necessity has not been established. Therefore, the request for Kera-tek gel for lumbar spine is not medically necessary.