

Case Number:	CM14-0076494		
Date Assigned:	07/18/2014	Date of Injury:	03/25/2014
Decision Date:	09/24/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 44 year old female who was injured on 03/25/2014 when she was involved in a motor vehicle accident and sustained an injury to her neck and back. She has been treated conservatively with 17 documented sessions of physical therapy. Diagnostic studies reviewed include x-rays of the lumbar spine dated 03/28/2014 revealed calcification at L5-S1, with slight anterolisthesis at L4-L5. Ortho consult dated 03/28/2014 indicates the patient presented with complaints of pain in her neck, right ring finger, right little finger, upper and lower back and in her right foot. Her activities of daily living have become greatly affected by the pain. Review of systems revealed decreased sensation in her right ring and little finger as well as numbness in her right foot. On exam, the lumbar spine revealed flexion to 20/60 degrees; extension to 5/25 degrees; right lateral bending to 10/25 degrees and left lateral bending to 5/25 degrees. She has tenderness and hypertonicity over the lumbar paraspinal muscles. Straight leg raise is positive at 60 degrees on the right and Kemp's test is positive bilaterally. Her grip strength on the right is 18, 16, 16 and on the left 25, 24, 22. She is diagnosed with right hand numbness and weakness; acute lumbar strain, rule out disc herniation; L4-5 anterolisthesis; and right lower extremity radiculitis. She has been recommended Kera-Tek Gel. Prior utilization review dated 05/05/2014 states the request for 1 Prescription Kera-Tek Gel is not certified as any compounded product that contains at least one drug or drug class that is not .

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Kera-Tek Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsMentholSalicylate Topicals.

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

Decision rationale: This is a request for Kera-Tek gel, a topical analgesic containing menthol and methyl salicylate. According to MTUS guidelines, topical NSAIDs are recommended for short-term treatment of tendinitis or osteoarthritis after failure of first-line oral medications. They are not recommended for the spine. However, in this case there is no documentation of tendinitis or osteoarthritis in joints amenable to topical treatment. There is no documented failure of oral NSAIDs as the patient is concurrently prescribed ibuprofen. Therefore, the request for one prescription Kera-Tek Gel is not medically necessary and appropriate.