

Case Number:	CM14-0080060		
Date Assigned:	07/18/2014	Date of Injury:	09/11/2012
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 injured worker is a 28-year-old female with a reported injury on 09/11/2012. The mechanism of injury was due to her lifting and causing injury to her back. The injured worker's diagnoses included acute lumbosacral strain, cervical sprain/strain, and multilevel disc bulges at C5-6, C6-7, and C7-T1. The injured worker has had previous treatment of physical therapy and medications. The efficacy of those treatments were not provided. The injured worker had an examination on 04/09/2014 with complaints of persistent neck and low back pain. She reported her pain is worse at a level of 8/10 to 10/10 and after medications it is a 4/10. She reported also that the gel decreases her pain to a 3/10. Her examination of her cervical spine and lumbar spine did show decreased range of motion and tenderness on the paraspinal muscles. She did have a positive Spurling's test bilaterally and a positive shoulder depression test. Her deep tendon reflexes were 2+ bilaterally. The medication list consisted of tramadol and Voltaren. The recommended plan of treatment was for her to continue her medications and to start physical therapy again and to request for Keratek analgesic gel for the use of chronic pain. The Request for Authorization 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 Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Keratek Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105,111.

Decision rationale: The request for Keratek analgesic gel is not medically necessary. Although the California MTUS Guidelines do recommend salicylate topicals that they are significantly better than a placebo for chronic use, the California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many compounded agents. There is lack of documentation to state that the injured worker has neuropathic pain and that there has been a trial of antidepressants and anticonvulsants that have failed. The efficacy of her prior medications was not provided. There is a lack of evidence to support the medical necessity of this medication without further evaluation and assessment. Furthermore, the request does not specify directions as far as frequency, duration, and the placement of to where this gel is to be applied. Therefore, the request for the Keratek analgesic gel is not medically necessary.