

Case Number:	CM14-0099373		
Date Assigned:	07/28/2014	Date of Injury:	04/12/2013
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 04/12/2013, reportedly was in a motor vehicle accident. He sustained injuries to his neck, low back, right/left hip, buttock right thigh and right arm. The injured worker's treatment history included EMG (Electromyography), medications, epidural steroid injections, MRI, and physical therapy. The injured worker was evaluated on 04/09/2014 and it was documented that the injured worker complained of lumbar spine and right leg pain. The pain was persistent of the lower back with a pain level at 8/10, frequent, that was improved since his last lumbar epidural steroid injection that he received 3 weeks ago with pain management. He was taking tramadol that helped his pain from 8/10 to 5/10 with no adverse reactions, no signs of abuse or overuse. Physical Examination of the lumbar spine revealed slightly decreased range of motion with flexion at 50 degrees, extension at 15 degrees and right and left lateral flexion was 15 degrees. There was tenderness to the paraspinals equally. There was a positive Kemp's sign bilaterally. There was a positive straight leg raise on the right at 70 degrees to the posterior thigh. There was normal strength and sensation; however, 5/5 bilaterally at L4-5 and S1. Deep tendon reflexes were 1++ bilaterally at patellar and Achilles tendons. Diagnoses include acute lumbar strain, rule out disc herniation, right lower extremity radicular pain, slightly impaired gait secondary to lower back pain, and disc bulging at L5-S1 with mild narrowing of bilateral recesses with disc osteophyte complex and a 1 to 2 mm broad-based disc bulge at L4-5 with mild to moderate facet arthropathy, resulting in mild narrowing of the bilateral recesses of the lumbar spine. Medications included tramadol as well as Kera-Tek gel; the rationale was to control his pain. The authorization dated 03/10/2014 was for Ultram and Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4oz containing 30% Methyl Salicylate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Kera- Tek Gel contains Methyl Salicylate 28% and Menthol 16%. The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains Methyl Salicylate and Menthol. Furthermore, there was no documentation provided of outcome measurements conservative care such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Kera- Tek Gel would be applied. As, Kera-Tek Gel contains Methyl Salicylate and Menthol, which is not recommended, the proposed compounded product is not recommended. As such, the request for Kera-Tek gel 4oz containing 30% Methyl Salicylate is not medically necessary and appropriate.