

<b>Case Number:</b>	CM14-0191460		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Rehab, 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:

This is a patient with a date of injury of July 9, 2013. A utilization review determination dated October 17, 2014 recommends noncertification of a topical compound. A progress report dated April 2, 2014 identifies subjective complaints of low back pain radiating into the lower extremities. The patient reports only slight improvement in her symptoms and currently takes Norco. Physical examination reveals limited lumbar spine range of motion. Diagnoses include chronic cervical strain, chronic lumbar strain, and bilateral arm pain. The treatment plan recommends a trial of Kera-Tek analgesic gel. A progress report dated July 30, 2014 recommends continuing Norco and Advil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek Gel lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Regarding the request for Kera-tek gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Guidelines state that there is little evidence to support the use of topical NSAIDs for the treatment of spinal conditions. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Kera-tek gel is for short term use, as recommended by guidelines. Additionally, guidelines do not recommend the utilization of topical NSAIDs for spinal conditions. In the absence of clarity regarding those issues, the currently requested Kera-tek gel is not medically necessary.