

Case Number:	CM14-0194245		
Date Assigned:	12/02/2014	Date of Injury:	03/18/2011
Decision Date:	02/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal 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 (IW) is a 57-year-old man with a date of injury of March 18, 2011. The mechanism of injury was not documented in the medical record. Current working diagnosis are mild to moderate L4-L5 left sided foraminal stenosis; mild to moderate right-sided L5-S1 foraminal narrowing; multilevel disc disease at L1-L2 and L3-L4, per MRI dated April 23, 2014; osteophytes with moderate bilateral degenerative facet changes at L2-L3, and L3-L4 with mild spinal stenosis, per MRI dated April 23, 2014. Pursuant to the progress report dated October 7, 2014, the IW complains of lower back and bilateral hip pain. Pain is rated 4-5/10 and radiates down both legs. Pain is better with rest and medication. The pain is made worse with activities. The IW takes Tramadol that takes his pain from an 8 down to 2. However, he reports that the insurance did not cover the medication last month. The Tramadol allows him to continue functioning and working without restrictions. Examination of the lumbar spine reveals diffuse paraspinal tenderness and spasms. Strength was 5/5 in bilateral hip flexion, quadriceps, iliotibial band, EHL, and gastrosoleus. Sensation was intact throughout. The treating physician is requesting authorization for Kera-Tek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel 4oz: Upheld

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

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 Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Kera-Tek analgesic gel 4 ounces not medically necessary. Kera-Tek gel contains medical salicylate and menthol. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker's working diagnoses are lumbar foramina stenosis, multilevel disc disease, osteophytes, degenerative facet changes, and spinal stenosis. Medications include tramadol and another topical analgesic compound. In a progress note dated July 21, 2014 the topical analgesic compound diclofenac with lidocaine 3%/5% was prescribed. It is unclear from the documentation whether this topical preparation is still being used by the injured worker. Kera-Tek gel contains medical salicylate and menthol. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, Kera-Tek gel is not recommended. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Kera-Tek gel is not medically necessary.