

Case Number:	CM14-0197229		
Date Assigned:	12/05/2014	Date of Injury:	12/01/2008
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 55 year-old stocker sustained an injury on 12/1/08 while employed by [REDACTED]. Request(s) under consideration include Topical compound Kera-Tek Gel # 113 and Topical Compound Flurbiprofen/Cyclo/Menth Cream. Diagnoses include Shoulder joint pain and Lumbago; cervical spine HNP at C5-6; lumbar spine HNP at L5-S1. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/29/14 from the provider noted the patient with chronic ongoing pain symptoms localized to the neck with radiation to the shoulders associated with numbness and tingling in the digits along with weakness of the extremities; low back pain with associated numbness and tingling with some leakage on Valsalva maneuver. Exam has remained unchanged with limited shoulder range; diffuse decreased sensation in all digits of both hands; positive impingement; 4+/5 motor strength; limited lumbar range; positive SLR on right at 60 degrees. Treatment included continuing with medications. Review indicated UDS of 9/28/12 showing inconsistent findings of Hydrocodone prescribed yet none detected. The request(s) for Topical compound Kera-Tek Gel # 113 and Topical Compound Flurbiprofen/Cyclo/Menth Cream were non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel # 113: 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 rationale: Kera-Tek analgesic gel was recommended along with OTC Advil and return to modified work. Report from the provider dated 3/5/14 noted patient has not received PT authorization. Exam showed unchanged findings. Keta-tek has active ingredients of methyl salicylate and menthol. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medication as the patient is concurrently taking another anti-inflammatory, Advil. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 beyond guidelines criteria. The Topical compound Kera-Tek Gel # 113 is not medically necessary and appropriate.

Flurbiprofen/Cyclo/Menth Cream: 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 rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2008 without documented functional improvement from treatment already rendered. The Topical Compound Flurbiprofen/Cyclo/Menth Cream is not medically necessary and appropriate.