

Case Number:	CM14-0198018		
Date Assigned:	12/08/2014	Date of Injury:	03/15/2002
Decision Date:	01/29/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old female with a 3/15/02 date of injury. The injury occurred when she was lifting approximately 70-pound boxes of vitamins when she felt a sharp pain and popping sensation in her mid and lower back, with associated cramping in her feet. According to a progress report dated 12/3/14, the patient complained of persistent pain in the neck, back, and bilateral wrist/hand. She rated her pain at an 8/10, except for the right wrist/hand pain which was rated as a 6/10. Objective findings: decreased range of motion of cervical spine with tenderness and hypertonicity bilaterally, decreased range of motion of lumbar spine with tenderness and hypertonicity bilaterally, muscle strength and sensation normal in the L4, L5, and S1 muscle groups and nerve distributions bilaterally. Diagnostic impression: somatoform pain disorder, status post lumbosacral fusion for spondylolisthesis. Treatment to date: medication management, activity modification, and surgery. A UR decision dated 10/25/14 denied the request for Kera-Tek analgesic gel. The evidence-based guidelines did not support the use of Kera-Tek gel since there were not enough studies supporting the efficacy and the safety of this compounded analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesics gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

(<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>)

Decision rationale: A search of online resources revealed that Kera-Tek gel active ingredients include menthol 16%, topical analgesic, and methyl Salicylate 28%, topical analgesic). CA MTUS states that topical Salicylates (e.g., Ben-Gay, Aspercream, and Methyl Salicylate) are significantly better than placebo in chronic pain. With regard to brand name topical Salicylates; these products have the same formulation as over-the-counter products such as BenGay. Thus, with regard to brand name topical Salicylates, it has not been established that there is any necessity for a specific brand name. A specific rationale as to why this patient requires Kera-Tek as opposed to an equivalent over-the-counter product was not provided. Therefore, the request for Kera-Tek analgesics gel was not medically necessary.