

Case Number:	CM14-0200416		
Date Assigned:	12/10/2014	Date of Injury:	08/22/2011
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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:

The injured worker is a 29 year-old female with an original date of injury on 8/22/2011. The mechanism of injury occurred when patient picked up 5 gallons of peas and dumping it into a chopping machine, she experienced onset of lumbar spine pain. The industrially related diagnoses are lumbar spine strain and sprain, lumbosacral radiculitis of the right side, and gastropathy secondary to medicine use. The patient has had three lumbar spine MRIs dated on 9/21/2011, 7/2/2012, and 10/29/2013 that indicated there are disc bulging at multiple levels including L3-4, L4-5, L5-S1. She has had bilateral sacroiliac joint injections on 8/12/2013, lumbar epidural steroid injection on 1/30/2014, and left sided L5-S1 decompression, microdiscectomy, and laminotomy on 6/26/2014. As of 10/10/2014, the patient was using Norco and Kera-Tek analgesic gel for pain. The patient has undergone 9 sessions of post-operative physical therapy. The disputed issue is a request for refill of Kera-Tek analgesic gel. A utilization review dated 10/30/2014 has non-certified this request. The stated rationale for denial was the documentation does not objectively support the use of Kera-Tek gel. There is no documentation of failure of first line treatment, and the patient has been taking Norco with good pain relief. It is unclear what additional benefit is anticipated from the use of this topical gel. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel 4 Oz Apply Thin Layer to Affected Area 2-3 X Daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: The Keratek gel is consistent of a compound of Menthol and Methyl Salicylate. A progress note on date of service 9/12/2014, showed the provider ordered the Kera-Tek analgesic gel for the patient. On that same date, there was documentation of improvement with Norco for pain control in terms of pain scale. Therefore, it is unclear why this additional medication was ordered. On a follow up visit dated 10/10/2014, the patient does not have any documented improvement from using this topical treatment. The guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration. In addition, topical NSAIDs are recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It appears the Kera-Tek gel was order for the use on lumbar spine region for post-surgical pain. Furthermore, there is no evidence that oral NSAIDs have been tried in this patient. Lastly, there is a lack of documentation of symptomatic improvement while patient was on this medication. In the absence of such documentation, the medical necessity of Kera-Tek Gel is not established.