MAXIMUS Federal Services

Case Number:	CM14-0201668		
Date Assigned:	12/11/2014	Date of Injury:	12/17/2002
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
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 Anesthesiology, 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 50 year old male sustained an injury on December 17, 2002. The mechanism of injury was not included in the provided medical records. Past treatment included lumbar epidural steroid injection on March 12, 2014, rest, and anti-inflammatory medication. The results of a MRI of the right wrist that was obtained on October 15, 2014 were pending. On October 20, 2014, the primary treating physician noted persistent, moderate pain of the lumbar spine, right shoulder, right elbow, bilateral wrists and hands. The pain was frequent and unchanged from the previous date. The pain improves with rest and anti-inflammatory medication. The physical exam revealed decreased range of motion and bilateral paraspinals of the lumbar spine, grater on the left than the right. Positive Kemp's sign, iliotibial band and sacroiliac joint tenderness on the right, positive right straight leg raise, mildly decreased strength of L4, L5, and S1 on the right and L4 on the left, normal sensation of bilateral L4, L5, and S1, and decreased deep tendon reflexes. The right shoulder had decreased range of motion, tenderness of the acromioclavicular joint, positive Hawkin's sign, and mildly decreased strength. The right elbow had a well-healed scar over the lateral epicondyle, decreased range of motion with tenderness of the lateral epicondyle, and mildly decreased strength. The right wrist had mildly decreased range of motion with tenderness over the ulnar aspect, mildly decreased grip strength and mildly decreased sensation at the median and ulnar aspects, and mild swelling at the lateral epicondyle. The left wrist had decreased range of motion, diffuse tenderness, and mildly decreased strength. Diagnoses were lumbar spine disc protrusion- status post laminectomy with residuals, headaches, right shoulder impingement syndrome, right lateral epicondylitis - status post cubital tunnel release with residuals, right wrist tendonitis - status post distal radial and ulnar fusion, hypertension, stress and anxiety, uncontrolled diabetes secondary to lumbar epidural steroid injection on March 12, 2014. The physician recommended chiropractic and acupuncture treatment, topical pain

medication, and continue his anti-inflammatory medication. Current work status is temporarily totally disabled. On November 11, 2014, Utilization Review non-certified a prescription for Kera-Tek analgesic gel 4oz requested on October 30, 2014. The Kera-Tek analgesic gel was non-certified based on current evidence-based guidelines do not support the use of creams for the cited injuries. The documentation lacked evidence of inability to tolerate oral medications and failure of first line agents. The California Medical Treatment Utilization Schedule (MTUS) guidelines for Compounded Medications and Official Disability Guidelines (ODG), Pain Chapter were cited.

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 rationale: Kera-Tek contains methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS page105, "recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As menthol is not recommended, the request is not medically necessary.