

Case Number:	CM14-0202225		
Date Assigned:	12/24/2014	Date of Injury:	08/18/2012
Decision Date:	01/29/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This 49 year old male sustained an injury on August 18, 2012. The mechanism of injury was not included in the provided medical records, but the UR noted the injury occurred when the injured worker was pulling out rebar for a customer. Past treatment included anti-inflammatory medication, oral and topical pain medications, and activity modifications. On October 6, 2014, the treating physician noted chronic lumbar, bilateral shoulder, and bilateral hip pain. The pain was severe and occurred in the affected areas occasionally to frequently. The pain was unchanged from the previous visit. The pain was decreased to a moderate level with his pain medication. The physical exam revealed marked tenderness to palpation over the lumbar paraspinals with bilateral spasm, restricted lumbar range of motion with pain, intact neurovascular status, and an antalgic gait. Diagnoses were lumbar strain with disc bulge at L3-L4 and L4-L5, L4-L5 degenerative disc disease with bilateral neural foraminal stenosis, and right leg radiating pain, rule out radiculopathy. The physician recommended muscle relaxant medication and to continue the oral pain medication. A topical compounded analgesic was included in the treatment plan for better pain control to work synergistically with his oral pain medication. The injured worker was not currently working. On October 28, 2014 Utilization Review non-certified a prescription for Kera-Tek analgesic. The Kera-Tek analgesic gel was non-certified based the guidelines do not support the use of compounded topical analgesics for chronic pain as they are experimental and the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain: Topical Analgesics and Topical Salicylate were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Drug, generic - Kera-Tek Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, generic Kera-Tek analgesic gel is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or 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. In this case, the injured worker's working diagnoses are lumbar strain with disc bulge at L3 - L4 and L4 - L5; L4 - L5 degenerative disc disease with bilateral neuro foraminal stenosis; and right leg radiating pain, rule out radiculopathy. September 10, 2014 progress note indicates the treating physician prescribed Flurbiprofen/Cyclobenzaprine/Menthol. A subsequent progress note on October 6, 2014 does not indicate whether they was objective functional improvement with Flurbiprofen/Cyclobenzaprine/Menthol. A new prescription for generic Kera-Tek analgesic gel was prescribed. There was no clinical indication or clinical rationale for this topical analgesic. There was no documentation indicating to what area the topical analgesic was to be applied. There was no clinical rationale in the medical record for its application. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Consequently, after the appropriate clinical indication, clinical rationale and the guidelines largely experimental nature of topical analgesics, generic Kera-Tek analgesic gel is not medically necessary.