

<b>Case Number:</b>	CM14-0206706		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/13/1998
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with an injury date on 04/13/1998. Based on the 11/06/2014 progress report provided by the treating physician, the diagnoses are:1. Multilevel discopathy, status post two-level fusion2. Sleep issuesAccording to this report, the patient complains of "persistent pain in the lower back. He rates his pain at 3/10 on a pain scale and occasional. The pain in the lower back is the same. It radiates on the left leg slightly." Examination of the lumbar spine reveals tenderness to palpation. Patient has full active range of motion in all planes. Neurovascular status was intact distally. Straight leg raise test was negative.The treatment plan is to refill medication and request 30-day trail of the TENS unit in an attempt to increase function in order for the patient to continue working unrestricted. The patient's work status is "continue working unrestricted as a police officer." There were no other significant findings noted on this report. The utilization review denied the request for Kera-Tek analgesic gel 4oz, and 30 day trial: TENs unit on 11/12/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/20/2014 to 11/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Kera-Tek; Topical Salicylate; Menthol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Guidelines Clearing house

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** According to the 11/06/2014 report, this patient presents with "persistent pain in the lower back." The current request is for Kera-Tek analgesic gel 4oz. Kera-tek gel contains methyl salicylate. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the treating physician does not document that that patient has peripheral joint problems that is arthritis/tendinitis to warrant a compound product with salicylate. Therefore, the current request is not medically necessary.

**30 day trial: TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation);.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

**Decision rationale:** According to the 11/06/2014 report, this patient presents with "persistent pain in the lower back." The current request is for 30 day trial: TENS unit in an attempt to increase function in order for the patient to continue working unrestricted. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." In reviewing the provided medical records indicates that the patient has neuropathic pain that radiates to the left leg and has not had a one-month trial. The requested TENS Unit trial appears reasonable and is supported by the guidelines. The current request is medically necessary.