

Case Number:	CM14-0052915		
Date Assigned:	07/07/2014	Date of Injury:	05/21/2013
Decision Date:	04/07/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60-year-old male sustained a work related injury on 05/21/2013. According to the most recent progress report submitted for review and dated 02/19/2014, the injured worker complained of thoracic and spine pain. It was noted as frequent and unchanged from previous visit. Diagnoses included acute cervical strain rule out disc herniation, acute lumbar strain rule out disc herniation, rule out lower extremity radiculopathy, electrodiagnostic evidence of left active L5 radiculopathy, elevated blood pressure industrial causation deferred and depression and anxiety industrial causation deferred. Treatment plan included consultation with internist for gastrointestinal issues and hypertension, consultation with pain management, consultation with psychiatrist for depression and anxiety, obtain MRI reports and medication to include Anexsia. On 04/08/2014, Utilization Review non-certified Kera-Tek Analgesic Gel 4 oz. According to the Utilization Review physician, the documentation did not indicate why the injured worker required a combination therapy with Methyl Salicylate and Menthol. CA MTUS Guidelines do no support use of topical salicylates, as studies have proven efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, Topical Analgesics, page 105, Salicylate topicals was referenced. The decision was appealed for an Independent Medical Review.

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 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NONSELECTIVE NSAIDS Page(s): 111, 107.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient was not responding to oral medications and the need for topical analgesic is unclear. Therefore request for Kera Tek Gel, 4 oz is not medically necessary.