

Case Number:	CM15-0140264		
Date Assigned:	07/30/2015	Date of Injury:	03/22/2009
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 37-year-old female, who sustained an industrial injury on March 22, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc disease, left lower extremity radicular pain, failed lumbar condition, lumbosacral spondylosis and psychological issues. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, MRI, lumbar spine brace, physical therapy and a lumbosacral fusion. The injured worker was currently not working. Current documentation dated June 11, 2015 notes that the injured worker reported frequent low back pain with radiation into the bilateral lower extremities with associated numbness and tingling. The pain was rated a 6 to 8 out of 10 on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness and a very limited range of motion. Neurologically both lower extremities were normal. The treating physician's plan of care included a request for Kera-Tek Gel 4 ounces to increase function and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel (Methyl Salicylate/Menthol) 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Keratek contains menthol and methyl salicylate. Salicylate topical such as Ben-Gay and methyl salicylate are significantly better than a placebo in chronic pain. The MTUS guidelines do not discuss Menthol therefore; the Official Disability Guidelines were referenced. The ODG states that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. In this case, the injured worker was noted to have low back pain. There is lack of clinical evidence in this case that the injured worker failed a trial of anti-depressant medications and anticonvulsant therapy. Therefore, the request for Kera-Tek Gel is not medically necessary.