

Case Number:	CM15-0166429		
Date Assigned:	09/04/2015	Date of Injury:	03/03/2015
Decision Date:	10/13/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented employee who has filed a claim for neck, low back and knee pain reportedly associated with an industrial injury of March 3, 2015. In a Utilization Review report dated July 25, 2015, the claims administrator failed to approve a request for Kera-Tek analgesic gel. The claims administrator referenced an RFA form received on July 10, 2015 and a progress note of June 11, 2015 in its determination. It was not clearly stated whether the request was a first-time request or a renewal request. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported ongoing complaints of low back and knee pain, highly variable, 4 to 9/10. The applicant was on Norco for pain relief. The applicant was not working, it was reported. Kera-Tek analgesic gel and Norco were both endorsed. The applicant was placed off of work, on total temporary disability. It was not clearly stated whether the request for Kera-Tek analgesic gel represented a first-time request or a renewal request. However, on May 21, 2015, the applicant was again given prescriptions for Norco and Kera-Tek analgesic gel, was once again kept off of work, on total temporary disability. The applicant was receiving State Disability Insurance benefits in addition to Worker's Compensation indemnity benefits, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tel Gel Apply Thin Layer 2-3 Times A Day As Directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

Decision rationale: No, the request for Kera-Tek analgesic gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend salicylate topicals such as the Kera-Tek analgesic gel in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACEOM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off-of work, on total temporary disability, it was reported on office visits of May and June 2015, referenced above. Ongoing usage of Kera-Tek analgesic gel failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.