

Case Number:	CM15-0167249		
Date Assigned:	09/04/2015	Date of Injury:	05/11/2015
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old male who sustained an industrial injury on 05-11-15. Initial complaints include low back pain. Initial diagnoses include lumbosacral sprain, and muscle spasm of the back. Treatments to date include medications, brace, hot and cold packs, and physical medicine with home exercise program. Diagnostic studies include a MIR of the lumbar spine. Current complaints include lower back pain. Current diagnoses include lumbar strain, synovial cyst of the lumbar spine, and right lower extremity radicular pain. In a progress note dated 07-085-15 the treating provider reports the plan of care as a consultation with a spine surgeon, physical therapy and Kera-Tek gel. The requested treatments include physical therapy to the lower back and Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the 28 year old male patient with 5/28/15 date of injury has complaints of moderate low back and leg pain. The current request for consideration is 12 Physical Therapy Sessions lumbar spine. The attending physician notes that the patient had an acute exacerbation of his condition. CA MTUS does recommend physical therapy as an option for pain. Generally, 10 physical therapy sessions are recommended at a decreasing frequency with a transition into independent home exercise. In this case, although physical therapy is indicated, the current request exceeds CA MTUS guidelines for the number of treatment sessions. Additional treatment may be considered when documentation demonstrates objective functional benefit. The available medical records do not establish medical necessity for the current request.

Kera-Tek gel 40 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The records indicate the 28 year old male patient with 5/28/15 date of injury has complaints of moderate low back and leg pain. The current request for consideration is Kera- Tek Gel 4oz. The most recent medical records indicate the patient suffered an acute exacerbation of his low back condition. The CA MTUS has this to say about topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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 NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera-tek contains methyl salicylate, which is an anti-inflammatory. The CA MTUS says this with regard to topical anti-inflammatories: These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient is dealing with sub-acute low back pain with no diagnoses of osteoarthritis of the spine, tendinitis or neuropathic pain. The patient's clinical presentation is not consistent with CA MTUS guidelines regarding the use of topical analgesics. As such, the request for Kera-Tek is not medically necessary.