

<b>Case Number:</b>	CM15-0185056		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 16, 2012. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for Kera-Tek analgesic gel, Norco, and Colace. The claims administrator referenced an RFA form of August 26, 2015 and progress notes of August 10, 2015 and July 30, 2015 in its determination. The applicant's attorney subsequently appealed. On July 29, 2015, a medical-legal evaluator imposed permanent work restrictions and a 15% Whole Person Impairment rating. The medical-legal evaluator suggested that the applicant was not working and stated that vocational rehabilitation was indicated. On August 27, 2015, the applicant underwent a left L4-L5 laminotomy-discectomy procedure to ameliorate preoperative diagnosis of herniation of lumbar intervertebral disk with radiculopathy at the left L4-L5 level. On September 9, 2015, the applicant stated that she was happy with her earlier postoperative results, noting that her leg pain had resolved while her back pain persisted. The applicant was placed off of work, on total temporary disability.

### 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: Overturned**

**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): Salicylate topicals.

**Decision rationale:** Yes, the request for Kera-Tek analgesic gel, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as the Kera-Tek analgesic gel at issue are "recommended" in the chronic pain context present here. The request in question was initiated approximately 2 weeks before the applicant underwent a lumbar laminotomy-discectomy procedure on August 27, 2015. Provision of the Kera-Tek analgesic gel was, thus, indicated for postoperative and/or perioperative pain control purposes. Therefore, the request was medically necessary.

**Norco (Hydrocodone) 10/325mg #60:** Overturned

**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): Opioids, specific drug list.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco is indicated in the treatment of moderate to moderately severe pain. Here, the applicant underwent a lumbar laminotomy-discectomy procedure on August 27, 2015, i.e., some 2 weeks prior to the date of the request. The applicant could, thus, have reasonably or plausibly have been expected to have pain complaints in the moderate-to-severe range in the aftermath of the lumbar laminotomy-discectomy procedure which transpired on August 27, 2015. Therefore, the request was medically necessary.

**Peri-Colace #24:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Finally, the request for Peri-Colace, a laxative agent/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who are using opioids. Here, the applicant was using Norco, a opioid agent. Concomitant usage of Peri-Colace was indicated to ameliorate any issues with constipation which may have arisen in conjunction with the same. Therefore, the request was medically necessary.