

Case Number:	CM15-0185618		
Date Assigned:	09/25/2015	Date of Injury:	12/04/2014
Decision Date:	11/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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: California

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 50 year old female, who sustained an industrial injury on 12-04-2014. She has reported subsequent low back, left leg, bilateral knee and left hand pain and was diagnosed with moderate osteoarthritis of the bilateral knees, status post previous microdiscectomy and chronic lumbar strain, rule out worsening disc herniation or instability. Treatment to date has included pain medication, chiropractic therapy, physical therapy and surgery which were noted to have failed to significantly relieve the pain. In a progress note dated 08-19-2015, the injured worker reported frequent low back pain radiating to the left leg rated as 7 out of 10, frequent pain in the side and back of the left knee rated as 4 out of 10, frequent pain in the right leg and knee rated as 4 out of 10 and constant pain in the left hand rated as 7 out of 10 with swelling. Objective examination findings showed decreased range of motion of the lumbar spine and knees, tenderness to palpation of the lumbar paraspinal and gluteal muscles, quadratus lumborum and medial joint line of the knees, decreased sensation in the L4 and L5 nerve distributions and positive McMurray's and Patellofemoral grind tests on the left. The office note shows that the injured worker was having some difficulty performing some activities of daily living including bathing, physical activity, driving and sleeping. The physician noted that Kera-Tek gel was recommended for chronic pain and a urine toxicology screen was being requested as part of a pain treatment agreement during opioid therapy to monitor medication compliance. Work status was documented as modified. There are no previous primary treating physician's progress notes submitted regarding the history of the injured worker's signs, symptoms and treatments rendered. A request for authorization of urine toxicology screen and

Kera-Tek gel (Methyl Salicylate, Menthol) 4 oz, apply a thin layer 2-3 times per day was submitted. As per the 09-17-2015 utilization review, the requests for urine toxicology screen and Kera-Tek gel (Methyl Salicylate, Menthol) 4 oz, apply a thin layer 2-3 times per day were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 09/08/15).

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

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.

Kera-Tek gel (Methyl Salicylate/Menthol) 4 oz, apply a thin layer 2-3 times per day:
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: Kera-Tek analgesic gel was requested. Kera-Tek has active ingredients of methyl salicylate and menthol. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and

multiple joint pain without contraindication in taking oral medication as the patient is concurrently taking another anti-inflammatory, Advil. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury beyond guidelines criteria. The Kera-Tek gel (Methyl Salicylate/Menthol) 4 oz, apply a thin layer 2-3 times per day is not medically necessary and appropriate.