

Case Number:	CM15-0194891		
Date Assigned:	10/08/2015	Date of Injury:	11/05/2013
Decision Date:	11/19/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male who sustained an industrial injury on 11-5-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation and left lower extremity radicular pain. Per the initial report dated 7-23-2015, the injured worker complained of continuous low back pain. Tramadol, Naproxen and Kera-Tek gel were recommended. According to the progress report dated 9-16-2015, the injured worker complained of lumbar spine pain rated 8 out of 10, which was the same as the last visit. Per the treating physician (7-23-2015), the injured worker was not currently working. The physical exam (9-16-2015) revealed tenderness over the midline lumbar spine. There was tenderness and hypertonicity noted over the paraspinal musculature. Lumbar range of motion was limited due to pain. Treatment has included physical therapy, lumbar epidural steroid injection and medications. Current medications (9-16-2015) included Tramadol and Ibuprofen. The request for authorization dated 8-21-2015 included Kera-Tek gel. The original Utilization Review (UR) (9-27-2015) denied a request for Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) 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. (Colombo, 2006) 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, biogenicamines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.