

Case Number:	CM15-0217698		
Date Assigned:	11/09/2015	Date of Injury:	06/20/2012
Decision Date:	12/28/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 54 year old female who sustained an industrial injury on 6-20-12. The injured worker reported pain in the low back with lower extremity radiation and muscles spasms. A review of the medical records indicates that the injured worker is undergoing treatments for intervertebral disc disorders with radiculopathy lumbosacral region, sprain of ligaments of lumbar spine, complex tear of medial meniscus left knee and unspecified abnormalities of gain and mobility. Medical records dated 10-20-15 indicate pain rated at 6 out of 10. Provider documentation dated 10-20-15 noted the work status as remain of work until 11-17-15. Treatment has included Tramadol, Omeprazole, radiographic studies, stretching exercises, status post L5-S1 posterior and transforaminal fusion, at least 10 sessions of physical therapy, and Norco since at least June of 2015. Objective findings dated 10-20-15 were notable for lumbar spine with decreased range of motion, bilateral lumbar paraspinals and middles with tenderness, left knee with decreased range of motion and tenderness to the medial and lateral joint lines, McMurray's sign positive with noted crepitus upon range of passive motion. The original utilization review (10-16-15) partially approved a request for Kera-Tek Gel (menthol, methyl salicylate) 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel (menthol, methyl salicylate) 4 oz: 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 54 year old patient complains of back pain, rated at 5/10, radiating to hips and bilateral legs, along with bilateral knee pain, rated at 4/10, as per progress report dated 09/25/15. The request is for Kera-Tek gel (Menthol, Methyl Salicylate) 4 oz. The RFA for this case is dated 10/07/15, and the patient's date of injury is 06/20/12. Diagnoses, as per progress report dated 09/25/15, included lumbar spine strain with multiple disc protrusions, r/o lumbar radiculopathy, antalgic gait secondary to lower back and left knee pain, r/o recurrent left knee meniscectomy, and persistent constipation secondary to Norco use. The patient is status post left knee arthroscopy, and status post L5-S1 posterior lateral fusion on 03/19/15. Medications included Tramadol, Omeprazole and Docusate. The patient is not working but has been allowed to work with restrictions, as per the same progress report. The Kera-Tek gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS chronic pain guidelines 2009, page 111, Topical Analgesics section states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." 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." In this case, Kera-Tek gel is first noted in progress report dated 09/25/15. In the report, the treater states that the patient continues to suffer from chronic low back and bilateral knee pain, and she has been intolerant to other medications. Kera-Tek gel is being prescribed to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration. It appears that the topical formulation has been prescribed for both the lower back and the knee. MTUS, however, does not recommend topical NSAIDs for axial spine pain, and there is no indication of peripheral joint arthritis in this patient for which the medication is indicated. Hence, the request is not medically necessary.