

Case Number:	CM15-0221987		
Date Assigned:	11/17/2015	Date of Injury:	01/02/2015
Decision Date:	12/30/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	11/10/2015

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:

This injured worker is a 50 year old male who reported an industrial injury on 1-2-2015. His diagnoses, and or impressions, were noted to include: cervical spondylosis with radiculopathy; mid-cervical disc disorders; lumbar inter-vertebral disc disorders with radiculopathy; and sprain of the bilateral knees (subsequent encounters). MRI of the cervical and lumbar spine were done on 6-11-2015. His treatments were noted to include: 3 out of 6 acupuncture sessions for the cervical and lumbar spine - effective; 1 out of 12 sessions of physical therapy for the lumbar spine; medication management; and a return to full work duties. The progress notes of 10-8-2015, reported complaints, which included persistent and constant pain in the neck, rated 3 out of 10, which radiated down into the right arm-thumb, with numbness and weakness; slightly improved but constant lumbar spine pain, rated 2 out of 10, which radiated into the right buttock, with some numbness; that the pain was made worse by activities, and made better with medications (pills) (down to 1 out of 10), but for which he does not like to take, concerned about adverse reactions. The objective findings were noted to include: no acute distress; decreased cervical range-of-motion; tenderness and hypertonicity to the bilateral sub-occipital region, cervical paravertebral muscles, and bilateral levator scapula area; positive bilateral shoulder depression test; tenderness and hypertonicity to the bilateral lumbar paraspinal; tenderness to the bilateral quadratus lumborum; positive left straight leg raise; decreased sensation in the right lumbar 5-sacral 1 nerve distribution; tenderness of the bilateral patellar tendons with decreased bilateral knee range-of-motion, and positive bilateral McMurray's and patellofemoral grind tests. The physician's requests for treatment were noted to include trying Kera-Tek Gel, applying a thin

layer 2-3 x a day as directed to help further control his pain and reduce the amount of Tramadol, which he will only take on an as-needed basis. The Request for Authorization, dated 10-22-2015, was noted for Kera-Tek Gel, 4 ounces, to apply a thin layer 2-3 x a day as directed. The Utilization Review of 10-24-2015 non-certified the request for Kera-Tek Gel, 4 ounces.

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, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: The patient presents with pain affecting the neck with radiation down the right arm and the low back with radiation he right buttock. The current request is for Kera-tek gel 4oz. The treating physician report dated 10/16/16 (13B) states, "This patient has been intolerant to other treatment and does remain significantly symptomatic. At this time, I am prescribing Kera-tek gel to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration." The MTUS guidelines page 111 regarding topical NSAIDs states, "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)." In this case, the medication is not indicated for the neck and low back pain and there is no diagnosis of arthritis in the knee or other joints that are amendable to topical treatment. The current request does not satisfy the MTUS guidelines as outlined on pages 111-113. The current request is not medically necessary.