

Case Number:	CM15-0084795		
Date Assigned:	05/07/2015	Date of Injury:	01/07/2014
Decision Date:	06/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male sustained an industrial injury to the low back on 1/7/14. Magnetic resonance imaging lumbar spine (5/14/14) showed grade II spondylolisthesis at L5-S1. The injured worker underwent lumbar fusion on 3/12/15. In a PR-2 dated 3/27/15, the injured worker reported feeling better since his surgery. The injured worker did not have leg pain but reported still feeling sore. Physical exam was remarkable for lumbar spine surgical incision without signs of infection and 5/5 lower extremity strength with intact sensation throughout. X-rays of the lumbar spine showed fusion at L5-S1 and pedicle screws at L5-S1 with spacer and hardware in good position. The treatment plan included postoperative physical therapy three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel 4 oz: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 111-113; 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in January 2014 and underwent a lumbar fusion on 03/12/13. While hospitalized, he was found to have obstructive sleep apnea. He has a BMI of over 28. When seen, there were expected postoperative findings. Imaging results were reviewed. He was referred for physical therapy. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant recently underwent a lumbar fusion and oral non-steroidal anti-inflammatory medication would be relatively contraindicated until after the fusion has matured. He has localized pain after surgery amenable to topical treatment. Therefore, KeraTek is medically necessary.