

Case Number:	CM14-0124548		
Date Assigned:	08/11/2014	Date of Injury:	09/23/2010
Decision Date:	10/16/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male who reported an injury on 09/23/2010. The mechanism of injury was not provided. The injured worker's diagnoses included chronic cervical sprain/strain, lumbar disc herniation status post fusion and decompression with adjacent segment disease and neural foraminal narrowing, right shoulder repetitive sprain, bilateral hand pain/numbness, history of right inguinal hernia repair, history of umbilical hernia repair more than 10 years ago, history of anxiety and depression, sleep difficulty secondary to chronic pain, and gastropathy. The injured worker's past treatments included medications and surgeries. On the clinical note dated 03/18/2014, the injured worker complained of pain in the cervical and lumbar spine, right upper extremity, hands, fingers, and bilateral lower extremities. The injured worker stated taking tramadol reduces the pain from an 8/10 to a 5/10. The injured worker had decreased range of motion to the cervical and lumbar spine, positive Kemp's sign, and a positive straight leg raise. The injured worker's medications included tramadol and Restoril. The frequency and dosages was not provided. The request was for Prescription drug Brand Name Kera-Tek gel 4 oz for lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug Brand Name Kera-Tek gel 4 oz for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The MTUS Chronic Pain Guidelines state that any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines also recommend salicylate topicals, as they are significantly better than placebo in chronic pain. Kera- Tek contains menthol and methyl salicylate. The injured worker's medical records lack documentation of failed trials of antidepressants and anticonvulsants. Also, the injured worker's medical records lack documentation of the efficacy of the current medication regimen, to include functional status. Additionally, the request does not indicate the dosage and frequency of the topical analgesic. As such, the request for Prescription drug Brand Name Kera-Tek gel 4 oz for lumbar spine is not medically necessary.