

Case Number:	CM14-0142250		
Date Assigned:	09/10/2014	Date of Injury:	07/10/2012
Decision Date:	10/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 35-year-old male who reported an industrial injury to the back on 7/10/2012, over two years ago, attributed to the performance of his usual and customary job tasks attributed to lifting a heavy object. It is noted the patient is under gone to lumbar spine ESI's with minimal improvement. The patient has some weakness to his legs and has been recommended to have a L5-S1 microdiscectomy. Electrodiagnostic studies of the bilateral lower extremities demonstrated a right L5 radiculopathy. The patient is now prescribed Ultram; Keratek topical, and topical compounded Flurbiprofen and cyclobenzaprine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel, 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Keratek gel Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics,; NSAIDs Page(s): 111-113,114-15. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-15 Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs

Decision rationale: The prescription for Kera-Tek analgesic gel is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient as opposed to the readily available salicylate preparations available over-the-counter. It is not clear that the topical salicylate gel is medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Kera-Tek analgesic gel is not medically necessary for the treatment of the patient for the diagnosis of lower back pain. There are many alternatives available Over the Counter (OTC) for the prescribed topical analgesics or topical salicylates. The use of the topical creams or gels do not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Kera-Tek analgesic gel 4 oz not supported by the applicable ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for Kera-Tek analgesic gel 4 oz is not medically necessary for the treatment of the patient's pain complaints. The prescription of Kera-Tek analgesic gel 4 oz is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic back pain over the available OTC topical salicylate preparations.