

Case Number:	CM14-0178159		
Date Assigned:	10/31/2014	Date of Injury:	07/27/2005
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 58 year-old female with the date of injury of 07/27/2005. The patient presents with pain in her neck, low back and left knee. Her neck pain radiates down her right arm and her low back pain radiates down both of her legs. The patient rates her neck pain as 6/10 on the pain scale, and low back pain as 6/10 and left knee pain as 4/10. MRI of the cervical spine reveals C5-C6 diffuse disc bulge with imping on C6 nerve root. There is tenderness over bilateral upper trapezius muscles with muscle spasm and over lumbar paraspinal muscles bilaterally with mild spasm. The range of neck or shoulder motion is full, while the range of lumbar motion is limited. The patient ambulates with a normal gait pattern. The patient returned to modified work on 09/29/2014. The patient is currently taking Naprosyn, Lidoderm patch, Pepcid and Diclofenac-lidocain cream. According to [REDACTED] report on 09/29/2014, diagnostic impressions are;1) Multilevel disc bulges at the lumbar spine2) Multilevel degenerative disc disease at the lumbar spine3) Retrolithesis at L4-L54) Left knee sprain/ strain, rule out internal derangementThe utilization review determination being challenged is dated on 10/15/2014. [REDACTED]. [REDACTED] the requesting provider, and he provided treatment reports from 05/05/2014 to 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel, 4 OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: The patient presents pain and weakness in her neck, lower back and left knee. The request is for Kera-Tek analgesic gel, 4 oz. Kera-Tek analgesic gel contains Menthol 16g in 100g and Methyl Salicylate 28g in 100g. Regarding topical analgesics, California MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under California MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical Non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for peripheral joint arthritis/tendinitis problems. In this case, the patient has been utilizing this topical product without documentation of its efficacy. The patient does present with knee pains for which this product may be indicated. However, the treater does not state how this product is being used and with what effectiveness. The treater's report on 09/29/2014 indicates that Advil helps this patient's pain significantly but does not mention Kera-Tak. Treatment is not medically necessary and appropriate.