

Case Number:	CM14-0090337		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2012
Decision Date:	09/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 60-year-old female with a 9/19/12 date of injury to her coccyx and low back after her chair got stuck in a plastic mat and she fell to the ground. The patient was dispensed Bio-therm topical cream (which consists of topical methyl Salicylate, Menthol, and Capsaicin) in a progress note dated 12/3/13 for low back pain with lower extremity radiculopathy, as the patient has not responded to other treatments. The patient was seen on 4/2/14 with complaints of low back pain with associated radiation to the lower extremities, 9/10 and has been using the Bio-therm cream chronically since it was initially prescribed in December 2013. Exam findings revealed reduced strength in the right leg with diminished sensation in the right L4-L5 and left L5-S1 dermatomes. She is noted to be working full duty. A QME dated 5/20/14 stated that the intensity of the patient's pain in the coccyx is unchanged since the date of injury. The patient can perform ADL's such as cooking, household chores, grocery shopping, and banking. Her diagnosis is lumbar sprain. Treatment to date: medications, HEP. The UR decision dated 5/20/14 denied the request as topical analgesics are recommended for neuropathic pain when trials of antidepressants have failed and this was not documented in this case.

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 Treatment Guidelines Topical analgesics.

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

Decision rationale: A search of online resources revealed that Kera-Tek gel active ingredients include menthol 16%, topical analgesic, and methyl Salicylate 28%, topical analgesic) CA MTUS recommends topical salicylates for temporarily relief of minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. This patient has chronic coccyx and low back pain with radicular pain into the lower extremities bilaterally. She has been on a topical methyl salicylate cream, Bio-therm, since at least December 2013, yet she is noted to still have 9/10 pain in progress notes from April 2014 and a QME from May 2104 stated the patient's pain had not improved since the date of injury. Hence, it is unclear what the rationale for Kera-tek gel is as the patient has not had any significant pain relief with a topical methyl salicylate cream Bio-therm. Therefore, the request for Kera-tek gel was not medically necessary.