

Case Number:	CM14-0218321		
Date Assigned:	01/08/2015	Date of Injury:	01/08/2014
Decision Date:	03/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 with an injury date of 11/13/00 and 1/16/14. He complains of lumbar spine, left knee and left ankle pain, which is unchanged. Currently he is taking Motrin and has finished physical therapy treatments. Diagnoses were lumbar spine grade I spondylolisthesis, left lower extremity radicular pain and atrophy and slightly impaired gait secondary to lower back pathology. X-ray of the lumbar spine performed on 1/16/14 revealed lumbar spine spondylolisthesis, EMG studies performed on 3/6/14 revealed chronic left S1 radiculopathy and (MRI) magnetic resonance imaging of lumbar spine performed on 7/25/14 revealed L5/S1 moderate disc desiccation, mild decreased disc height, 3mm anterolisthesis of L5, small right lateral annular tear, moderate facet degenerative changes, moderate right foraminal stenosis, right L5 nerve root within the neural foramen appears minimally flattened and mild left foraminal stenosis. No acute compression deformity was seen, no suspicious bony lesion, mild endplate irregularities and minimal degenerative endplate marrow signal changes at L5-S1. Per the exam of the PR2 dated 11/3/14, he had decreased range of motion of the lumbar spine, tenderness to the paraspinals, left greater than right and normal strength and sensation of L4, L5, S1 on the right and normal strength on left at L4, L5 and S1 but decreased sensation on the left 4/5 at L4, L5 and S1. There was slightly decreased range of motion of the left knee, tenderness over the medial and lateral joint lines and normal quadriceps strength. The Request for Authorization dated 11/3/14 was for a lumbar spine back brace to be worn at work and for Kera-tek analgesic gel to further control his pain as he does not like to take oral medications. He is working full time at full duty. On 12/1/14, Utilization review non-certified a lumbar spine back

brace and prescription for Kera-Tek analgesic gel, noting no change in the pain since previous visits and the ACOEM guidelines do not support the use of lumbar supports, there is no evidence for their effectiveness. The MTUS and ODG guidelines were cited as providing no evidence based recommendations regarding the topical application of Kera -Tek.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 new lumbar spine back brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter: lumbar supports

Decision rationale: The patient presents with persistent pain in the lower back, left knee and left ankle with occasional instability. Patient has a current diagnosis of lumbar spine grade I spondylolisthesis. The current request is for 1 new lumbar spine back brace. The treating physician states on 11/10/14 (9b) due to the patient's instability and pathology of the lumbar spine, I would like to request authorization for a new lumbar spine back brace to be worn only at work for support and prevent further injury or exacerbation. ACOEM guidelines state, Corsets for treatment Not Recommended. In occupational setting, corset for prevention- Optional. ODG states, Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the treating physician requested the brace to be worn only in the patient's occupational setting to help with the patient's instability and to prevent further injury in accordance with ODG. Additionally, ODG recommends the use of lumbar supports in patients diagnosed with spondylolisthesis. Here, again it is documented in the clinical history that this patient has the required diagnosis (spondylolisthesis) as defined by ODG; therefore, the current request is medically necessary and the recommendation is for authorization.

Kera-tek analgesic gel: Overturned

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

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

Decision rationale: The patient presents with persistent pain in the lower back, left knee and left ankle with occasional instability. The current request is for Kera-tek analgesic gel, which is a topical NSAID containing 28% Methyl Salicylate and 16% Menthol. The treating physician states on 11/10/14 (9b) I am prescribing Kera-Tek gel to maintain the patient's painful symptoms restore activity levels and aid in functional restoration. MTUS guidelines are specific that topical

NSAIDS are for, Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In this case, the patient presents with peripheral joint pain affecting the left knee and left ankle. The MTUS guidelines do allow for topical NSAID usage for these areas. The current request is medically necessary and the recommendation is for authorization.