

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0012588 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 02/14/2014 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on 2/14/14. The injured worker complains of lower back pain radiating sharp pain to right buttocks and aching all the way down her foot with numbness in the right foot and bilateral knee pain. There were objective findings of decreased range of motion of the cervical and lumbar spines, positive McMurray's test bilateral knees and tenderness to palpation of the painful body parts. The documentation noted that the injured worker has been intolerant to other treatment including medications and does remain significantly symptomatic. The diagnoses have included cervical strain, improved; lumbar strain; bilateral chronic knee pain and patellofemoral syndrome, rule out meniscal tear. The medications listed are Motrin, Zantac and Kera-tek gel. According to the utilization review performed on 12/30/14, the requested Kera-tek analgesic gel 4 oz has been non-certified. CA MTUS ACOEM and ODG did not specifically address the request for keratek analgesics gel, 4 ounce (MethylSalicylate and Menthol) and CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics were used.

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): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Compound Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line treatment is Lidoderm patch. The record did not show subjective and objective findings consistent with a diagnosis of neuropathic pain. The diagnosis is musculoskeletal pain in multiple body regions. The Kera-tek gel contains menthol 16% and methyl salicylate 28%. There is lack of guideline support for the use of menthol and salicylate products for the treatment of chronic musculoskeletal pain. The criteria for the use of Kera-Tek analgesic gel 4 oz was not met.