MAXIMUS Federal Services

Case Number:	CM15-0013008		
Date Assigned:	01/30/2015	Date of Injury:	10/12/1999
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
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:

The injured worker is a 60-year-old male who reported an injury on 10/12/1999. His mechanism of injury was not included. His diagnoses included degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, degeneration of lumbar intervertebral disc, low back pain, lumbar disc displacement, lumbar radiculopathy, post laminectomy syndrome of lumbar region. His medications included Soma 350 mg, Medrol Dosepak, hydrocodone/acetaminophen 10/325 mg, oxycodone/acetaminophen 10/325 mg, bupropion HCL 300 mg, hydroxyzine 25 mg. Diagnostic studies included a chest x-ray which was normal, cervical spine and right shoulder x-rays demonstrate chronic changes. An MRI of the right shoulder was performed on 01/08/2015, and showed severe glenohumeral osteoarthritis with multiple loose bodies in the glenohumeral joint, with diffuse subchondral edema. There was partial thickness tear of the supraspinatus, infraspinatus, and subscapularis tendons, intra-articular portion of the biceps tendon is disrupted. An MRI of the lumbar spine performed on 12/30/2014, demonstrated a right hemilaminectomy of L4-5 and l56, with a moderate amount of central spinal stenosis at L4-5. The injured worker has also received an EMG/NCS, and a CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication : Kera-Tek Gel: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Salicylate topicals.

Decision rationale: The request for Kera-Tek Gel is not medically necessary. The California MTUS guidelines state topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Official Disability Guidelines state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. There was a lack of documentation regarding a failure of trial of antidepressants and anticonvulsants for neuropathic pain. Therefore, the request for Kera-tek gel is not medically necessary.

Medication: Flurbiprofen/Cyclobenzaprine/Menthol Cream: Upheld

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

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

Decision rationale: The request for flurbiprofen/cyclobenzaprine/menthol cream, are not medically necessary. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The California MTUS Guidelines also state that nonsteroidal anti-inflammatory agents have been inconsistent in clinical trials for efficacy for this treatment modality. There is no evidence for use of any muscle relaxant as a topical product. There was a lack of documentation of objective functional benefit with the use of this medication. As the guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended, therefore, the request for flurbiprofen/cyclobenzaprine/menthol cream is not medically necessary.