

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0013440 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 04/29/2005 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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, District of Columbia, Maryland
 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 69 year old male who sustained a work related injury on April 29, 2005. There was no mechanism of injury or body part documented. The injured worker was diagnosed with acute lumbosacral sprain/strain, cervical spine sprain/strain. More recently the injured worker was diagnosed with gastropathy secondary to non-steroidal anti-inflammatory drugs (NSAIDs) use. According to the primary treating physician's progress report on November 21, 2014 the patient continues to experience persistent neck, back, wrist, hands and hip pain along with worsening heartburn and nausea. On examination the cervical spine was documented to have palpable muscle hypertonicity and tenderness. A positive cervical compression test on the right with radiation to the right upper extremity was exhibited. The lumbar spine was positive straight leg raise test on the right at 60 degrees with radiation to the posterior thigh, anterior lateral lower leg and dorsal foot. Current medications consist of Tylenol # 3 and Prilosec. Current treatment modalities consist of aquatic therapy times 8 sessions and physical therapy times 4 sessions. The treating physician requested authorization for Kera-Tek analgesic gel 4oz since the injured worker cannot tolerate non-steroidal anti-inflammatory drugs (NSAIDs). On January 6, 2015 the Utilization Review denied certification for Kera-Tek analgesic gel 4oz. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, regarding Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111, 105.

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

Decision rationale: Kera-Tek contains methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As menthol is not recommended, the request is not medically necessary.