

Case Number:	CM15-0118555		
Date Assigned:	06/26/2015	Date of Injury:	10/01/2009
Decision Date:	09/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 65-year-old male, who sustained cumulative industrial injuries from August 19, 1998 through October 1, 2009 and June 12, 2007. He reported neck pain, lumbar spine pain and left knee pain. The injured worker was diagnosed as having flared up of cervical spine injury and lumbar spine injury and chronic left knee sprain/strain. Treatment to date has included medications, chiropractic care and work restrictions. Currently, the injured worker complains of continued neck pain, back pain and left knee pain. The injured worker reported cumulative industrial injuries from 1998 through 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on May 9, 2015, revealed continued pain in the neck, low back and left knee. He reported improvement with pain medications and chiropractic care. There were no noted objective measurements of improved range of motion, improved functionality or abilities to perform activities of daily living with the use of medications or chiropractic care. It was noted he ambulated around the room without difficulty. Additional chiropractic care for the cervical spine and lumbar spine, 2 visits per week for 6 weeks each and Kera-Tek analgesic gel (Methyl Salicylate/Menthol) 4oz were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment to the cervical spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six chiropractic visits over two weeks and up to eighteen visits over six to eight weeks with noted objective functional improvement is recommended. It was noted the injured worker received chiropractic care however; there was no noted significant improvement in pain or function to authorize additional chiropractic care. There were no chiropractic visit notes provided with the documentation and no dates of service noted. Chiropractic care 2 times weekly for 6 weeks for the cervical spine is not medically necessary.

Additional chiropractic treatment to the lumbar spine 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six chiropractic visits over two weeks and up to eighteen visits over six to eight weeks with noted objective functional improvement is recommended. It was noted the injured worker received chiropractic care however; there was no noted significant improvement in pain or function to authorize additional chiropractic care. There were no chiropractic visit notes provided with the documentation and no dates of service noted. Chiropractic care 2 times weekly for 6 weeks for the lumbar spine is not medically necessary.

Kera-Tek analgesic gel (Methyl Salicylate/Menthol) 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the manufacturer, Kera-Tek analgesic gel (Methyl Salicylate/Menthol) contains Methyl Salicylate 28%, Menthol 16%, and topical analgesic. Topical salicylates are

recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. In this case, there was no documentation of trial and failure of antidepressant or anticonvulsant medication. Although the physician noted some benefit from use of Kera-Tek analgesic gel, there was no noted objective improvement in pain from one visit to the next. Only one visit was present in the provided documentation noting the use of the medication. In addition, the FDA issued a warning for topical salicylates and menthol with higher concentrations, as they can cause burns. There is no evidence of a failed trial of the medication at lower concentrations. There was no noted improvement in activity level, no change in work status and no noted functional gains secondary to the use of Kera-Tek gel. For these reasons, the request for Kera-Tek analgesic gel is not medically necessary.