

Case Number:	CM15-0168834		
Date Assigned:	09/14/2015	Date of Injury:	08/15/2002
Decision Date:	12/31/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 was a 59 year old male, who sustained an industrial injury on August 15, 2002. The injured worker was undergoing treatment for cervical radiculopathy, chronic cervical strain, post lumbar laminectomy syndrome, lumbar radiculopathy and chronic lumbar strain. According to progress note from the pain management specialist on July 20, 2015, the injured worker's chief complaint was low back pain with radiation into the bilateral lower extremities, left greater than the right. The pain increased with sitting, walking or standing over 20-30 minutes, forward bending, squatting, stooping, climbing or descending stairs, twisting, turning and forceful pushing or pulling. The pain was rated at 5 out of 10 at best and worse was 8 out of 10. The injured worker had loss of sensation in the bilateral lower extremities. The physical exam noted decreased range of motion of the lumbar spine. There was pain referable to the posterior thighs on flexion and to the low back on extension. There were trigger points palpated in bilateral lumbar paraspinous and buttocks musculature. The deep tendon reflexes were decreased at the knees and right ankle and absent in the left ankle. There was weakness in the left foot flexion. The pain management specialist suggested an epidural injection. According to the progress note of July 26, 2015, the injured worker was having persistent neck pain, which was rated at 5 out of 10. The back pain was rated at 8 out of 10. The injured worker was complaining of bilateral shoulder pain. The injured worker reported the Norco reduced the pain from 8 out of 10 to 4 out of 10. The Flexeril helped the injured worker to sleep and helped the muscle spasms. The injured worker previously received the following treatments of failed postoperative physical therapy, acupuncture with temporary relief, urine drug screening was

positive for opioids and anti-depressants, Norco, Flexeril and Omeprazole. The RFA (request for authorization) dated July 29, 2015; the following treatments were requested: prescriptions for Kera-Tek Gel (Methyl Salicylate Menthol) 4 ounces. The UR (utilization review board) denied certification on August 5, 2015 for prescriptions for Kera-Tek Gel (Methyl Salicylate Menthol) 4 ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel (Methyl salicylate/menthol) 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested medication is a compound containing medications in the topical general pain reliever (menthol 16%) and the non-steroidal anti-inflammatory (NSAID; methyl salicylate 28%) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. They are specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. There was no discussion detailing extenuating circumstances that sufficiently supported the use of the requested compound in this setting. In the absence of such evidence, the current request for 4oz of Kera-Tek gel is not medically necessary.