

Case Number:	CM15-0061939		
Date Assigned:	04/07/2015	Date of Injury:	11/13/2010
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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 38-year-old male who sustained an industrial injury on 11/13/10. Initial complaints include pain in his tailbone. Initial diagnoses are not available. Treatments to date include topical medications, physical therapy, chiropractic treatments, a cortisone injection, an epidural injection and a pressure cushion. Diagnostic studies include a MRI. Current complaints include lumbar spine, left ankle and hip pain. Current diagnoses include acute lumbosacral coccygeal contusion, continued coccydynia, compensatory thoracolumbar chronic strain, and left hip strain/sprain. In a progress note dated 03/19/15 the treating provider reports the plan of care as requesting an MRI of the lumbar spine and KeraTek analgesic gel. The requested treatment is KeraTek analgesic gel. The current medication is listed as OTC ibuprofen. The IW reported reduction of pain score from 5/10 to 3/10 with utilization of OTC ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel: 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 9792.24.2
Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical compound products can be utilized for the treatment of localized neuropathic pain when treatment with NSAIDs, first line anticonvulsant and antidepressant or second line Lidoderm have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The records indicate significant patient relief with functional restoration following utilization of OTC ibuprofen for the treatment of the musculoskeletal pain. There is lack of guidelines or FDA support for the use of Kera-Tek which contains menthol 16% / methyl salicylate 28% for the treatment of chronic musculoskeletal pain. The criteria for the use of Kera-Tek analgesic gel was not met. The request IS NOT medically necessary.