

Case Number:	CM15-0099436		
Date Assigned:	06/01/2015	Date of Injury:	06/12/2012
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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 34 year old male, who sustained an industrial injury on 06/12/2012. According to a progress report dated 04/10/2015, the injured worker had persistent pain in the lumbar spine. Pain level was rated 8.5 on a scale of 1-10. Pain was constant and unchanged since his last visit. Pain was made better with rest and medication. Norco helped and decreased pain from 8-9 down to 6-7. He also took Flexeril as needed. The progress note stated that the injured worker was currently not working followed by a discussion stating that the injured worker would continue working modified duty. Diagnoses included multilevel disc herniation of the lumbar spine per MRI dated 10/12/2012, cervical musculoligamentous sprain/strain and right shoulder contusion/sprain, rule out internal derangement. Treatment plan included Ambien and Flexeril. Authorization was pending for Kera-Tek gel. Currently under review is the request for Kera-Tek gel 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek gel 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicaltopical analgesics Page(s): 105, 111-113.

Decision rationale: The patient presents with back pain radiating to lower extremities rated 8/10. The request is for Kera-Tek gel 4OZ. The request for authorization is dated 03/25/15. Physical examination of the lumbar spine reveals tenderness to palpation bilaterally over the lumbar paraspinals. Range of motion with pain. He is currently not on any form of therapy. Patient's medications include Flexeril. Per progress report dated 05/11/15, the patient is on modified work.Kera-Tek analgesic gel contains menthol 16g in 100g and methyl salicylate 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use."Treater does not specifically discuss this medication. In this case, topical NSAIDs is not indicated for spinal or neuropathic conditions according to guidelines. Kera-Tek gel would be indicated for peripheral joint arthritis/tendinitis problems. The patient does not present with osteoarthritis or tendinitis but with low back pain. Therefore, the request IS NOT medically necessary.