

Case Number:	CM14-0146447		
Date Assigned:	09/12/2014	Date of Injury:	07/27/2013
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 23-year old male injured on 07/27/13 when sliding a van door open and the hinges broke, causing the door to strike the injured worker's left shin and land on the injured worker's left foot resulting in immediate pain to the left shin, left ankle, and left foot. The injured worker later complained of bilateral knee pain and low back pain following the initial injury. The clinical note dated 07/16/14 indicated the injured worker presented complaining of left ankle pain rated at 8/10 worsened since previous visit. The injured worker reported low back pain rated at 6/10 radiating into the bilateral lower extremities unchanged from previous visit. The injured worker reported improvement in symptoms with rest and use of medications to include Norco 6 tablets per day which decreased the pain from 8/10 to a level of 5/10. Objective findings included decreased lumbar spine range of motion, tenderness over the paraspinal musculature, positive sitting straight leg raise on the right, normal strength and sensation on the right at L4 through S1, decreased strength and sensation on the left at L4 through S1 at 4/5, deep tendon reflexes 1+ bilaterally at the patellar and Achilles tendons, limited range of motion to the left ankle, 1+ swelling over the lateral aspect of the ankle, decreased sensation 4/5 at the S1 dermatome. Diagnoses include acute lumbar strain, left leg contusion, left ankle tear of the anterior talofibular ligament, and left plantar fasciitis. Treatment plan included prescription for Keratek analgesic gel and refill of Norco quantity 120. The initial request was noncertified on 08/21/14.

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. (Unspecified Quantity and Days Supply): 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.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain menthol and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over the counter version of this medication without benefit. As such, the request for Kera-Tek analgesic gel 4oz. (unspecified quantity and days supply) cannot be recommended as medically necessary.