

Case Number:	CM14-0155972		
Date Assigned:	09/25/2014	Date of Injury:	03/26/2012
Decision Date:	11/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 3/26/14 date of injury, and anterior cervical discectomy and fusion on 2/4/14. At the time (8/7/14) of request for authorization for Kera-tek gel 4oz, apply a thin layer to affected area 2-3 times per day, there is documentation of subjective (intractable cervical pain along with radicular symptoms) and objective (increased pain with cervical range of motion, decreased sensation in the upper extremities in the C5-6 distribution compared to the left, and positive Spurling test) findings, current diagnoses (central canal stenosis, cervical myelopathy, cervical herniated disc C5-C6 and C6-C7, and status post C3-C7 anterior cervical discectomy and fusion), and treatment to date (physical therapy and medications (including ongoing treatment with Norco)). There is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek gel 4oz, apply a thin layer to affected area 2-3 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of central canal stenosis, cervical myelopathy, cervical herniated disc C5-C6 and C6-C7, and status post C3-C7 anterior cervical discectomy and fusion. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Kera-tek gel 4oz, apply a thin layer to affected area 2-3 times per day is not medically necessary.