

Case Number:	CM14-0105354		
Date Assigned:	07/30/2014	Date of Injury:	05/18/2011
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 38-year-old male was reportedly injured on May 18, 2011. The mechanism of injury is noted as cumulative trauma from driving and field work. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of low back pain with numbness in the right lower extremity as well as cervical spine pain, bilateral shoulder pain, and right upper extremity pain. Current medications include Gabapentin, Ibuprofen, Bupropion, Valium, and Xanax. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and a positive right sided straight leg raise test at 50 degrees. There was decreased sensation on the right side L5 and S1 nerve root distributions. Diagnostic imaging studies of the lumbar spine indicated disk space narrowing and a slight anterolisthesis of L5 on S1. Previous treatment includes acupuncture, chiropractic care, medial branch blocks, and radiofrequency nerve ablation at the right L3, L4, and L5. A request was made for Keratek gel and was not certified in the preauthorization process on June 24, 2014.

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.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Keratek gel is a compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including antiinflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Keratek gel is not medically necessary.