

Case Number:	CM14-0112013		
Date Assigned:	09/16/2014	Date of Injury:	10/28/2013
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Interventional Spine 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 patient is a 28 year old male with an injury date of 10/28/13. Per the 05/29/14 initial orthopaedic evaluation report by the doctor, the patient presents with severe low back pain with radiation to the right leg, with numbness, tingling and weakness of the leg. The patient is noted be working. Examination reveals arising is accomplished with difficulty and pain. Lateral bending and extension is with pain. Palpation of the lumbar spine reveals tenderness and spasm. The patient's diagnosis is: Clinical and MRI scan evidence of disc herniations at the L4-5 and L5-S1 spaces of the lumbar spine. No medications are listed. The utilization review being challenged is dated 07/01/14. Only 1 treatment report prior to the utilization review was provided dated 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

KERATEK ANALGESIC GEL, 4 OZ FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): PAGE 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60, 61, 68.

Decision rationale: The patient presents with lower back pain radiating to the right leg, with numbness, tingling and weakness of the leg. The physician presents for Keratek Analgesic gel, 4 oz for the lumbar spine. Keratek gel is a compound analgesic containing 28% Methyl Salicylate and 16% Menthol. In the only report provided prior to the 07/01/14 utilization review date the physician does not provide any discussion regarding the efficacy and use of this topical product. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. More importantly, topical NSAIDs are indicated for peripheral joint arthritis/tendinitis per MTUS. This patient does not present with peripheral joint problems. This request is not medically necessary.