

Case Number:	CM14-0124275		
Date Assigned:	08/08/2014	Date of Injury:	12/10/2009
Decision Date:	09/11/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/06/2014

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 61-year-old male with an injury date on 12/10/2009. Based on the 05/14/2014 progress report provided by [REDACTED], the diagnoses are Head injury, Spondylosis of the lumbar spine, Herniated disc C2-C3 (3mm), C3-C4 (3mm), C4-C5 (3mm), C5-C6 (2-3mm), C6-C7 (3mm), and C7-T1 (2mm), Herniated disc L1-L2 (2mm), L2-L3(2-3mm), L3-L4(2mm), L4-L5 (3-4mm), L5-S1(3-4mm), Musculoligamentous sprain and strain cervical spine and Musculoligamentous sprain and strain lumbar spine. According to this report, the patient complains of constant neck pain that travels to the shoulders and constant low back pain with shooting pain down the left leg. Numbness and tingling are noted at the bilateral leg. The patient rated that pain as an 8-9/10. The patient has been instructed to return to modified work on 05/14/2014 with no heavy lifting. There were no other significant findings noted on this report. [REDACTED] is requesting Keratek Gel 4 oz. The utilization review denied the request on 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/06/2013 to 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the 05/14/2014, report by [REDACTED] this patient presents with constant neck and low back pain that travels to the extremity. The current request is for Keratek Gel 4 oz but the treating physician's report and request for authorization containing the request are not included in the file. The most recent progress report is dated 05/14/2014 and the utilization review letter in question is from 08/01/2014. Keratek contains methyl salicylate. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. Therefore, the request is not medically necessary.