

Case Number:	CM14-0153994		
Date Assigned:	09/23/2014	Date of Injury:	07/15/2013
Decision Date:	10/28/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain 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 48-year-old female who reported an injury on 07/15/2013. The mechanism of injury was not stated. The current diagnosis is lumbar radiculopathy. Previous conservative treatment is noted to include physical therapy, medications, epidural injections, and massage therapy. The injured worker was evaluated on 07/10/2014 with complaints of persistent lower back pain with radiation into the lower extremities. Physical examination revealed decreased lumbar range of motion, positive straight leg raising on the left, and diminished sensation in the lower extremities. Treatment recommendations included a prescription for Keratek analgesic gel. A Request for Authorization form was then submitted on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ker-Tek compound analgesic gel: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line treatment. There is also no strength, frequency or quantity listed in the request. Therefore, the request is not medically appropriate.