

Case Number:	CM14-0157580		
Date Assigned:	09/30/2014	Date of Injury:	09/01/2011
Decision Date:	11/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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:

Patient is a 52 year-old female with date of injury 09/01/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/08/2014, lists subjective complaints as pain in the low back with radicular symptoms to the left leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and posterior superior sacroiliac spine. No other physical examination findings were documented. Diagnosis: 1. Lumbar sprain/strain 2. Lower extremity radiculitis. The medical records supplied for review document that the patient was first prescribed this medication at the time of the request for authorization on 07/08/2014. Medications: 1. Keratek Gel (Ben Gay) 4oz SIG: apply two to three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Gel 4oz x 1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of Keratek Gel as a topical product. Keratek Gel 4oz x 1 with 3 refills is not medically necessary.