

Case Number:	CM14-0158790		
Date Assigned:	10/02/2014	Date of Injury:	10/27/2009
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Preventive 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:

According to the records made available for review, this is a 39-year-old male with a 10/27/09 date of injury, and status post lumbar fusion. At the time (9/19/14) of request for authorization for Kera Tek Analgesic Gel 4 Oz, there is documentation of subjective (persistent lower back pain rated 5/10) and objective (decreased lumbar spine range of motion, tenderness to the paraspinals, decreased sensation and strength 4/5 on the left at L4, and positive Kemp's on the left at 70 degrees to posterior thigh) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy), and treatment to date (activity modification). There is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Analgesic Gel 4 oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Topical Analgesics are recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnosis of displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Kera Tek Analgesic Gel 4 oz. is not medically necessary.