

Case Number:	CM14-0035810		
Date Assigned:	06/23/2014	Date of Injury:	03/08/2012
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 8, 2012. Thus far, the applicant has been treated with analgesic medications, muscle relaxants, attorney representation, a cane and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 26, 2014, the claims administrator apparently denied a request for topical compounded Keratek gel. The applicant's attorney subsequently appealed. In a progress note dated February 15, 2014, the applicant was placed off of work, on total temporary disability, with a primary diagnosis of lumbar disk herniation. The applicant was given prescriptions for Tylenol No. 3, Prilosec, Flexeril, and a Keratek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of two first-line oral pharmaceuticals, Tylenol No. 3 and Flexeril, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounded drugs such as the Keratek gel in question. In this case, the attending provider did not furnish any compelling applicant-specific rationale, narrative, commentary, or medical evidence which would offset the unfavorable California MTUS recommendations. Therefore, the request was not medically necessary.