

Case Number:	CM14-0038607		
Date Assigned:	06/27/2014	Date of Injury:	01/27/2009
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 January 27, 2009. Thus far, he/she has been treated with the following: Analgesic medications. Attorney representation; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for a topical compounded Keratek gel. The applicant's attorney subsequently appealed. In a progress note dated March 19, 2014, the applicant was described as having ongoing complaints of low back and left knee pain. He/She was described as oral Tramadol, it was acknowledged. In an earlier progress note of February 21, 2014, the applicant was described as using oral Tramadol and working regular duty with the same. Keratek gel was apparently introduced on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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: Per MTUS-adopted ACOEM Guidelines in Chapter 3, page 47: The Oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing, successful usage of a first-line oral pharmaceutical, Oral Tramadol, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as Keratek. Therefore, the request of 1 Kera-Tek Gel 4 Oz is not medically necessary.