

Case Number:	CM14-0038715		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2012
Decision Date:	08/07/2014	UR Denial Date:	03/21/2014
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 pain syndrome reportedly associated with an industrial injury of December 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a topical Keratek gel. A variety of MTUS and non-MTUS Guidelines were cited, including a large number of non-MTUS ODG Guidelines as well as now renumbered MTUS 9792.20e. The applicant's attorney subsequently appealed. In a June 2, 2014 progress note, the attending provider was again seeking authorization for the topical compounded Keratek analgesic gel. The applicant was given a rather proscriptive 10-pound lifting limitation. It appeared that the applicant was working. In an earlier note of April 22, 2014, the applicant was described as using oral Flexeril and oral Tramadol for pain relief. Several topical compounded agents were prescribed on this occasion as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-lek Gel 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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 MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Ultram and Flexeril, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Keratek gel. Therefore, the request is not medically necessary.