

Case Number:	CM14-0057607		
Date Assigned:	07/09/2014	Date of Injury:	03/18/2011
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 patient is a 57-year-old with a reported date of injury of 03/18/2011. The patient has the diagnoses of resolved cervical strain, L5-S1 disc herniation with moderate right neuroforaminal stenosis, L1-L2 and L4-L5 disc protrusions with impingement of the anterior thecal sac and lower extremity radiculopathy. The progress notes provided by the primary treating physician dated 03/21/2014 states the patient has complaints of persistent low back pain rated a 6/10 that radiates down to the left knee and left foot. Physical exam noted decreased range of motion in the lumbar spine, positive bilateral Kemp's sign and positive straight leg raise on the left, decreased range of motion in the left knee with joint line tenderness to palpation with positive varus, valgus and McMurray's test. Treatment recommendations consisted of request for lumbar MRI, psychiatric consult, urinalysis at next visit and Kera-Tek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Service/Procedure/Report: Request for Kera-Tex Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics page(s) 111-113 Page(s): 111-113.

Decision rationale: The request in particular is for Kera-Tek analgesic gel. This is a combination medication containing menthol and methyl salicylate. The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as options below. Primarily recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication is a compounded topical agent that contains classes of medication that are not listed as recommendations and thus the medication itself is not certified.