

Case Number:	CM14-0058924		
Date Assigned:	07/09/2014	Date of Injury:	02/15/2011
Decision Date:	10/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57 year old female was reportedly injured on 2/15/2011. The most recent progress note, dated 3/27/2014, indicated that there were ongoing complaints of neck and back pains. The physical examination demonstrated cervical spine had limited range of motion, tenderness was over the trapezius and paravertebral muscles left more than right, positive Spurling's test was on the left and positive cervical compression test, decreased muscle strength was 4/5, decreased sensation on the left at C8, lumbar spine had limited range of motion. Positive Kemp's test bilaterally, positive straight leg raise on the right was 60 degrees to the posterior thigh, decreased strength and sensation on the right 4/5 at L4, L5 and S1, and decreased strength on the left was 4/5 at L4, L5 and S1. No recent diagnostic studies are available for review. Previous treatment included medications and acupuncture. A request was made for KeraTek Gel 4 oz and was not certified in the preauthorization process on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel 4oz apply a thin layer 3 x day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. As such, this request is not medically necessary.