

Case Number:	CM14-0062349		
Date Assigned:	07/11/2014	Date of Injury:	04/02/2013
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 injured worker is a 45-year-old male who was reportedly injured on April 2, 2013. The mechanism of injury was not listed in these records reviewed). The most recent progress note dated May 23, 2014, indicated that there were ongoing complaints of low back pain with occasional left lower extremity involvement. The physical examination demonstrated a 5'10, 245 pound individual in no apparent distress. There was tenderness to palpation of the lumbar region of the spine. Strength was reported to be 4/5, and sensation was intact. Diagnostic imaging studies objectified the position of the surgical hardware; however, there has been some translation of the interbody graft of approximately 5 mm. Previous treatment included lumbar fusion, physical therapy, multiple medications, and pain control interventions. A request was made for Kera-tek and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR KERA-TEK GEL, 4OZ (REDACTED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule guidelines, topical analgesics are largely experimental and this particular combination includes methyl salicylate and menthol. Based on the date of injury, the surgery completed, the current findings on physical examination, there is no clinical indication presented for such a topical preparation. As such, the medical necessity is not established.