

Case Number:	CM14-0078338		
Date Assigned:	07/18/2014	Date of Injury:	07/12/2006
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old male who reported an injury 07/12/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 04/04/2014 indicated diagnoses of lumbar disc herniation at L4-5 measuring 4 mm, status post microdiscectomy at L4-5, and impaired gait secondary to lower back pain. The injured worker reported persistent low back pain rated 7/10 that was frequent and radiated to both legs and up to his thoracic spine. The injured worker reported he had been utilizing Prilosec, Diclofenac, and Hydrocodone through pain management. On physical examination of the thoracic spine, there was significant decreased range of motion with flexion and tenderness to the paraspinals equally, as well as tenderness to the paraspinals of the thoracic spine from T6 down to T12. The injured worker had a positive Kemp's sign bilaterally and a positive straight leg raise on the right at 60 degrees to posterior thigh, and on the left 70 degrees to posterior thigh. The injured worker had decreased strength and sensation at 4/5 bilaterally at L4, L5, and S1. The injured worker's deep tendon reflexes were 1+ bilaterally at patellar and Achilles tendons. The injured worker's treatment plan included pain management doctor, obtain AME report, authorization for new cane, and authorization for Keratek gel. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Prilosec, Diclofenac, and Hydrocodone. The provider submitted a request for Keratek gel. A Request for Authorization dated 04/16/2014 was submitted for Keratek gel. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Kera-Tek gel is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, topical analgesics are largely experimental in use. Furthermore, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency, quantity, or dosage. Therefore, the request is not medically necessary.