

<b>Case Number:</b>	CM14-0187369		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 hip and groin pain reportedly associated with an industrial injury of February 11, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical compounded medications. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for a topical compounded Keratek gel apparently dispensed on September 25, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 21, 2014, the applicant presented with ongoing complaints of low back and hip pain. Motrin and Keratek analgesic gel were dispensed. The applicant was returned to regular duty work and asked to pursue additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Analgesic Gel 4oz. x1:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compounds such as the Keratek gel at issue are deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including Motrin, effectively obviated the need for the topical compound at issue. Therefore, the request is not medically necessary.