

Case Number:	CM15-0039426		
Date Assigned:	03/09/2015	Date of Injury:	08/20/2014
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial injury to the back on 8/20/14. The diagnoses have included lumbar sprain, sciatica, spondylolisthesis, lumbar spinal stenosis and right lower extremity radiculopathy. Treatment to date has included medications, diagnostics and physical therapy. Currently, as per the physician orthopedic consultation progress note dated 1/14/15, the injured worker complains of lumbar back pain with radiation of pain into the right lower extremity. There is numbness and weakness in the right lower extremity. Physical exam of the thoracolumbar spine revealed forward flexion 60 degrees, extension 30 degrees, bending right lateral was 40 degrees and left lateral was 35 degrees. The straight leg raise was positive bilaterally with normoactive infrapatellar reflex and Achilles reflex. The x-rays of the lumbar spine dated 12/8/14 revealed decreased disc height, grade I spondylolisthesis, and facet hypertrophy. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/9/14 revealed decreased disc height, grade I spondylolisthesis, facet hypertrophy, and epidural fibrosis compressing on the thecal sac. The physician noted the surgical intervention would be required. The injured worker stated that he would consider his treatment options. The physician requested treatments included Kera tek gel #13 4oz bottle and Flurb/Cyclo/Menth cream 20%/10%/4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel #13 4oz bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Keratek cream contains methyl salicylate, which is a non-steroidal anti-inflammatory agent and could be indicated for limited use, but menthol is not a recommended topical analgesic. As such, Keratek cream is not medically necessary and the original UR decision is upheld.

Flurb/Cyclo/Menth cream 20%/10%/4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. Menthol is not recommended as a topical agent. As such, the request for flurb/cyclo/menthol is not medically necessary and the original UR decision is upheld.