

Case Number:	CM14-0149185		
Date Assigned:	09/18/2014	Date of Injury:	04/12/2013
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 35 year old woman who sustained a work related injury on February 10 1979. Subsequently, she developed a chronic back pain. According to a progress report dated on July 28 2014, the patient reported a chronic back pain radiating to the right lower extremity. The patient is aggravated by movements. The pain improved with pain medications. Her physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was treated with Motrin, Elavil, TENS and topical analgesics. The provider requested authorization to use Keratek analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek anagelsic gel 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

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

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications. Therefore, Keratek analgesic gel 4 oz. cream is not medically necessary.