

Case Number:	CM14-0089764		
Date Assigned:	09/10/2014	Date of Injury:	09/09/2012
Decision Date:	10/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family 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:

This injured workers injury is 09/19/2012. The original injury occurred when the desk chair became caught while in motion and the patient fell to the floor. This patient receives treatment for low back pain with radiation down both legs. Examination of the lower back flows a reduced ROM. Examination of the right leg shows loss of muscle strength and loss of sensation in both legs. The diagnoses include lumbosacral contusion and sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek Gel 4 Ounces: 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 Page(s): 111-113.

Decision rationale: Topical analgesics are considered experimental in treating chronic low back pain, because few randomized controlled studies show any efficacy or benefit. In addition any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera-Tek gel contains menthol and methyl salicylate, an NSAID. Menthol is not recommended when used topically to treat chronic pain according to the treatment

guidelines. Methyl salicylate is an NSAID. Topical NSAIDS are not recommended to treat chronic pain. The request for Kera-Tek gel is not medically indicated.