MAXIMUS Federal Services

Case Number:	CM15-0120326		
Date Assigned:	06/30/2015	Date of Injury:	03/11/2015
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old female, who sustained an industrial injury on March 11, 2015, incurring lower back injuries. Magnetic Resonance Imaging of the lumbar spine revealed disc desiccation with canal stenosis, disc protrusion and facet arthropathy. Electromyography studies were positive for radiculopathy. She was diagnosed with two level lumbar disc herniation and right lower extremity radiculopathy. Treatment included acupuncture, pain medications, anti-inflammatory drugs, topical analgesic gels, and work modifications. Currently, the injured worker complained of persistent lower back pain radiating into the right lower extremity into the foot. The pain increased with sitting, walking, and standing, pushing, pulling, bending forward, ascending and descending stairs. The treatment plan that was requested for authorization included a prescription for Kera-Tek gel. The medications listed are OTC Advil and Ultram

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Kera-Tek gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain. There is no indication that the patient failed treatment with first line medications. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. The Kera-Tek products contains menthol 16% / methyl salicylate 28%. There is no guidelines support for the utilization of menthol or methyl salicylate for the treatment of musculoskeletal pain. The criteria for the use of Kera-Tek was not met. The request is not medically necessary.