

Case Number:	CM15-0065585		
Date Assigned:	04/13/2015	Date of Injury:	11/29/2011
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 70-year-old male, who sustained an industrial injury on 11/29/11. The injured worker has complaints of lumbar spine pain that radiates down to the left leg. The diagnoses have included lumbar disc herniation at L4-L5 with spondylolisthesis and bilateral moderate neural foraminal narrowing; radiculitis of the left lower extremity and slight antalgic gait secondary to lower back pain. Treatment to date has included rest; medications; tramadol that helps his pain and allows him to ambulate for 40 minutes opposed to 20 minutes without having to stop secondary to pain and kera-tek analgesic gel helps his pain. The documentation noted that the injured worker is unable to take oral nonsteroidal anti-inflammatory drugs (NSAIDs) secondary to the gastrointestinal issues. The request was for kera-tek analgesic gel 4 percent 2-3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel 4 percent 2-3 times daily: 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.

Decision rationale: 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. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Kera-tek Analgesic Gel 4% is not medically necessary.