

Case Number:	CM15-0070491		
Date Assigned:	04/17/2015	Date of Injury:	01/04/2012
Decision Date:	05/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injury was sustained on January 4, 2012 while lifting a demo piece into a box. The injured worker felt sharp pain in the lower back extending into the right leg (possibly anteriorly and laterally) through the hip to the knee. The injured worker previously received the following treatments physical therapy, shockwave therapy, home exercise program, right hip replacement, lumbar spine MRI and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities. The injured worker was diagnosed with lumbar spondylosis, chronic pain syndrome, lumbar sprain/strain and right hip replacement. According to progress note of October 20, 2014, the injured workers chief complaint was low back pain with radiation down the right leg. The injured worker felt the pain was 70% in the back and 30% in the right leg. The physical exam noted the injured worker walked with a right antalgic limp, a short shuffling gait with the aide of cane which was carries in the left hand. The injured worker stood with an increased thoracic kyphosis and a slightly flattened lumbar lordosis. The range of motion was decreased in all planes from pain. The treatment plan included S5000 Kera-Tek Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC- Integrated Treatment/Disability Duration Guidelines.

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

Decision rationale: The patient is a 66 year old male with an injury on 01/04/2012. He had a right hip replacement and has back pain that radiates to his right leg. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound medication is not recommended. The requested compound topical analgesic contains Menthol which is not recommended; thus the requested medication is not medically necessary.