

<b>Case Number:</b>	CM14-0146602		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

The records presented for review indicate that this 30 year-old male was reportedly injured on November 25, 2013. The mechanism of injury is noted as a lifting type event. The most recent progress note, dated July 16, 2014, indicates that there were ongoing complaints of significant low back pain with radiation into the bilateral lower extremities. The physical examination demonstrated a 5'9", 230 pound individual with a decrease lumbar spine range of motion. Also noted was positive straight leg raising and 60. There was a decrease sensation over the anterior dorsal aspect of the foot. Diagnostic imaging studies objectified minimal, ordinary disease of life the degenerative disc disease. Previous treatment includes multiple medications, physical therapy, and pain management interventions. A request had been made for topical preparations and was not certified in the pre-authorization process on August 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia. Decision based on Non-MTUS Citation Official Disability Guidelines, Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Topical analgesics are indicated as an option under certain parameters. The indications are those preparation included inflammatory, lidocaine or capsaicin. There is no evidence-based medicine to support salicylates having any efficacy with a topical application. Furthermore, there is no clinical indication of any efficacy or utility with the use of this medication.