

Case Number:	CM14-0172845		
Date Assigned:	10/23/2014	Date of Injury:	04/19/2010
Decision Date:	11/25/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date on 04/19/2010. Based on the 09/11/2014 progress report provided by [REDACTED], the diagnoses are lumbosacral musculoligamentous sprain/strain; status post laminectomy in December 2010; and radicular pain down the left lower extremity. According to this report, the patient complains of lumbar spine pain. "He rates the pain as a 6/10, constant and unchanged from previous visit." With medications pain is a 3/10. Pain is worsened with activity and prolonged standing. Physical exam reveals decreased range of motion. Tenderness and hypertonicity are noted over the paraspinals muscles. Kemp's test is positive, bilaterally. There was decreased strength and sensation at 4/5 on the left at L4, L5, and S1. There were no other significant findings noted on this report. The utilization review denied the request on 10/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/08/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Kera-Tek Gel, 4 Oz: Upheld

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

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

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with lumbar spine pain. The provider is requesting 1 Kera-Tek gel 4oz. Kera-Tek contains Methyl Salicylate. For Salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with Salicylate. Therefore, this request is not medically necessary.