

Case Number:	CM14-0104237		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2012
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 65 year old male with a work injury dated 3/11/12. The diagnoses include status post arthroscopic rotator cuff repair on 2/18/13. Under consideration is a request for Keratek Analgesic gel, quantity 4 oz. for right shoulder. There is a primary treating physician report dated 3/10/14 that states that the patient comes for follow up of his shoulder and cervical spine. Four days ago he was reaching for something and felt a pulling sensation in his shoulder. On exam the patient returns with anterior and posterior tenderness to the shoulder with limited range of motion. Two view of the right and two view of the right humerus; x-rays show impingement sign. Five view x-rays of the cervical spine show loss cervical lordosis. The treatment plan included Hydrocodone/APAP, Cyclobenzaprine, Diclofenac, Pantoprazole, Keratek, Theraflex, and a right shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Analgesic gel, Quantity 4 oz. for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm> (keratek).

Decision rationale: Keratek analgesic gel, quantity 4 oz. for right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the online source daily med Keratek is composed of menthol and methyl salicylate gel. The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of intolerance to oral medications in the submitted documentation necessitating the need for this topical analgesic. Furthermore, this medication is recommended for short term temporary relief of pain. The patient's pain at this point is chronic. The request for Keratek analgesic gel, quantity 4 oz. for right shoulder is not medically necessary.