

Case Number:	CM14-0123157		
Date Assigned:	08/08/2014	Date of Injury:	07/26/2013
Decision Date:	12/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 38 year old female with a date of injury of 7-26-2013. She developed neck pain, left shoulder and arm pain after doing defensive training for 8 hours. The diagnoses include left C6 radiculopathy, C6-C7 disc herniation, and cervicogenic headaches and migraines. The physical exam revealed diminished cervical range of motion, a positive left shoulder depression test and Spurling's maneuver, and diminished sensation in the distribution of the left C5-C8 dermatome regions. Upper extremity strength and reflexes were normal. She has been treated with oral anti-inflammatories, topical lidocaine, and oral opioids. She has been taking Norco 10/325 mg 4 times a day which diminished her pain from a 7/10 to a 4/10 and increased her ADL tolerance at home from hour to one full hour. A urine drug screen was ordered 7-8-14, the results of which are not available for review. Keratek gel (methyl salicylate and menthol) was prescribed in an effort to wean the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek analgesic Gel 4oz.: 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): 111-112.

Decision rationale: Kera-tek gel is a compounded formulation containing menthol and the NSAID methyl salicylate. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. In this instance, the application of the Kera-tek gel to either the neck or shoulder does not conform with the recommendations for topical analgesics. Topical NSAIDs are not indicated for shoulder pain and are also not indicated for neuropathic pain, i.e. cervical radiculopathy. Therefore, Kera-tek analgesic Gel 4oz was not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those requiring chronic opioid therapy should have ongoing assessment for pain relief, functionality, medication side effects, and any adverse drug taking behavior. Opioids may be continued if the injured worker has regained employment or has improvements in pain and functionality as a consequence of the medication. In this instance, improvements in pain and functionality have been documented. Monitoring is occurring via urine drug screening. A weaning strategy was recently attempted. Therefore, Norco 10/325mg #120 was medically necessary.