

Case Number:	CM14-0124594		
Date Assigned:	08/08/2014	Date of Injury:	03/06/2003
Decision Date:	12/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 03/06/2003. The mechanism of injury was not provided. The surgical history included an arthroscopy and partial meniscectomy. Therapies included physical therapy. Diagnostic studies were not provided. The documentation of 06/10/2014 revealed the injured worker had cervical and lumbar spine pain, bilateral shoulder pain, and bilateral knee pain. The injured worker indicated her pain improved with therapy, rest, and medications. The injured worker was noted to utilize Tylenol No. 3. The objective findings revealed the injured worker had limited range of motion of the lumbar spine and cervical spine as well as bilateral shoulders. The bilateral knee examination revealed decreased range of motion. The injured worker had tenderness to palpation in the cervical spine and lumbar spine. The documentation indicated the injured worker was utilizing LidoPro topical ointment for cervicogenic pain affecting headaches. The diagnoses included chronic cervical strain with residuals, chronic lumbar strain with residuals, bilateral shoulder strain, upper extremity radicular pain, and carpal tunnel syndrome, as well as bilateral knee repetitive strain secondary to cerebrovascular accident. An additional diagnosis was status post right knee arthroscopy and partial meniscectomy. The treatment plan included Keratek analgesic gel to alleviate the injured worker's symptoms and restore activity and aid in functional restoration. The injured worker was noted to have authorization for TheraFlex cream that was pending. There was a Request for Authorization submitted for review dated 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111, 105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topicals are recommended. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 4 topicals. It was indicated the injured worker was awaiting authorization for 2 topicals. The injured worker was utilizing LidoPro topical. There was a lack of documentation indicating a necessity for an addition of a 4th topical. One of the topicals was noted to be TheraFlex; however, the ingredients were not provided and, as such were considered a 4th topical. There was a lack of documentation of objective functional benefit and a decrease in pain from the use of topical medications. The request as submitted failed to indicate the frequency, quantity, and body part to be treated with the Keratek gel. Given the above, the request for Keratek gel is not medically necessary.