

Case Number:	CM14-0146461		
Date Assigned:	09/12/2014	Date of Injury:	02/01/2013
Decision Date:	11/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	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 and Rehabilitation, 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 who was injured on 02/01/2013 due to a cumulative work related trauma sustaining injury to his neck, back, left hip, knees, feet, shoulders, left wrist and left hand/fingers. According to the UR, the patient was seen in 06/2014 with complaints of right knee pain and was noted to be utilizing Norco, Anaprox and Kera-Tek gel for severe months with no added benefit. He gave a pain score of 4-7/10. There are no progress reports provided that documented improvement with this medication. Prior utilization review dated 08/13/2014 by [REDACTED] states the request for Kera-Tek analgesic gel is not certified as it is not medically necessary.

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 salicylates, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 105-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm318674.htm>

Decision rationale: Keratek gel contains menthol and methyl salicylate. According to guidelines, Methyl salicylate alone is recommended for chronic pain. It did not comment on Menthol. However, guidelines also indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended. As noted in the FDA references, topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warnings. For these reasons, the medical necessity for requested Kera-Tek Analgesic Gel is not established.