MAXIMUS Federal Services

Case Number:	CM14-0163165		
Date Assigned:	10/08/2014	Date of Injury:	03/26/2012
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 57 year old female with complaints of right shoulder pain and neck pain. The date of injury is 3/26/12 and the mechanism of injury is not elicited. At the time of request for Kera-Tek, there is subjective (neck pain, right shoulder pain) and objective (restricted range of motion right shoulder and tenderness, positive Hawkins and O'Brien's right shoulder) findings, imaging findings (MRI right shoulder biceps tendinosis), diagnoses (right biceps shoulder tenosynovitis, subacromial bursitis, glenohumeral osteoarthritis) and treatment to date (surgery, medications, physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek: Upheld

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

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

Decision rationale: Kera-Tek analgesic gel is a compounded topical analgesic comprised of menthol 16% and methyl salicylate 28%. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the

compounded drug cannot be recommended. Although salicylates have been studied to show that compared to placebo there is analgesic benefit, menthol has no such evidence. Therefore, Kera-Tek analgesic gel is not medically necessary.