

Case Number:	CM14-0166267		
Date Assigned:	10/13/2014	Date of Injury:	08/05/2011
Decision Date:	11/25/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management 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 injured worker is a 61 year old female with a date of injury on 8/5/2011. The exact mechanism of the injury was not specified. She was diagnosed with (a) cervical spine sprain and strain; (b) chronic right shoulder rotator cuff tendinitis and labral tear with impingement syndrome; (c) bilateral carpal tunnel releases, previously done; (d) volar ganglion cyst on the right, excision with residuals and re-growth of the cyst; (e) possible right ulnar neuropathy, (f) status post right shoulder operative arthroscopy and decompression and (g) right shoulder tendonitis and bursitis and degeneration of the acromioclavicular joint as well as bilateral carpal tunnel syndrome. In a progress note dated 9/22/14 it was indicated that the injured worker complained of neck, right shoulder, right elbow, right hand and bilateral lower extremities pain. She stated that her symptoms were worsening and her overall pain level was at 8 out of 10 on the pain scale. She also stated that over the last month she was taking tramadol and naproxen together which caused her to have gastrointestinal issues. She further reported that she was able to do less activities of daily living around the house and that she has been more sedentary since last month. The pain was made better with rest and medications and it was aggravated when using her right hand. On examination of the cervical spine, limited range of motion in all planes was noted, tenderness was also noted over the bilateral paraspinals and sensation was decreased and strength was at 4/5 at C5, C6, C7 and C8. On examination of the right shoulder, decreased range of motion was noted as well as tenderness over the acromioclavicular joint and strength was noted to be at 4/5 with flexion and extension. Neer's impingement was also positive. On examination of the right elbow, tenderness was noted over the medial epicondyle as well as positive cubital tunnel. Flexion was at 140 degrees and extension was 45 degrees. Examination of the right wrist revealed decreased grip strength 4/5 with decreased sensation at the median and ulnar aspects with a palpable mass, which appeared to be a ganglion cyst over the palmar right

wrist. Authorization for bilateral wrist braces and urine toxicology screen was requested. This is a review of the requested Kera-Tek gel, 4 oz. (unspecified dose per day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel, 4 oz.. (unspecified dose per day), apply to affected area for the management of chronic pain related to the cervical spine, bilateral upper extremities and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary

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

Decision rationale: According to evidence-based guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera-tek gel is composed of methyl salicylate and menthol as part of its active ingredients. Although the methyl salicylate component is supported by evidence guidelines, the menthol part is not. Moreover, the reference guideline state that topical over-the-counter pain relievers containing menthol, methyl salicylate or capsaicin has been documented to cause serious burns as a new alert from the Food and Drug Administration (FDA) warns. Since one of the components of this compounded medication is not recommended nor has no evidence-based research for support specifically menthol therefore the medical necessity of the requested Kera-Tek gel is not established.