

Case Number:	CM14-0166869		
Date Assigned:	10/14/2014	Date of Injury:	06/13/2014
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Interventional Spine 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 55 year old male with an injury date of 06/13/14. Per the 08/08/14 report by [REDACTED] the patient presents with constant neck pain radiating into the shoulders down to the back and behind his head. Pain is rated 6-7/10. The patient also presents with constant right shoulder pain with swelling, numbness, tingling and burning sensations rated 6-7/10 as well as constant middle lower back pain without radiating pain rated 8/10. He also presents with frequent right knee pain rated 6/10 and frequent right ankle pain. The patient is currently working. Palpation of the cervical paravertebral and lumbar paraspinal muscles reveals tenderness and hypertonicity bilaterally. Palpation of the trapezius muscles revealed tenderness with positive Hawkins and impingement tests. The patient's diagnoses include: Acute cervical strain, rule out disc herniation Acute lumbar strain, rule out disc herniation Right shoulder rotator cuff syndrome, rule out rotator cuff tear Right knee strain, rule out meniscal tear Acute right ankle strain The utilization review being challenged is dated 10/01/14. Reports were provided from 06/20/14 to 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel for the lumbar spine, right shoulder and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding topical creams Page(s): 111.

Decision rationale: The patient presents with constant neck pain radiating into the shoulders down to the back and behind his head along with constant right shoulder, constant middle lower back, frequent right knee and frequent right ankle pain rated 6-8/10. The treating physician requests for "Kera-Tek" gel for the lumbar spine, right shoulder and right knee. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. Apparently this request is for Kera-tek gel instead of the stated "Kera-Tek" gel. The medication is a compound analgesic containing 28% Methyl Salicylate and 16% Menthol. Topical NSAIDs are indicated for peripheral joint arthritis. In this case, the medication is not indicated for the shoulder and back and there is no diagnosis of arthritis in the knee. This request is not medically necessary.