

Case Number:	CM14-0167395		
Date Assigned:	10/23/2014	Date of Injury:	05/16/2013
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with an injury date of 05/16/13. Based on the 09/24/14 progress report provided by [REDACTED] the patient complains of low back, left shoulder and neck pain rated 7/10. Provider states in progress report dated 08/28/14 that "he would like to request Keratek Gel in an effort to provide the patient further pain control and increase her functionality. "Diagnosis 09/24/14 are lumbar sprain/strain, rule out disc herniation, status post left shoulder rotator cuff tear and radicular pain down to the bilateral lower [REDACTED] is requesting Keratek Gel. The utilization review determination being challenged is dated 10/03/14. The rationale is "modified for OTC gel with salicylate formulation." [REDACTED] is the requesting provider and he provided treatment reports from 04/03/14 - 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topical Page(s): 111-113, 105.

Decision rationale: The patient presents with low back, left shoulder and neck pain rated 7/10. The request is for Keratek Gel. She is status post left shoulder rotator cuff tear, date unspecified. Her diagnosis dated 09/24/14 includes lumbar sprain/strain, rule out disc herniation and radicular pain down to the bilateral lower extremities. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Keratek is 16% menthol and 28% methyl salicylate. Provider states in progress report dated 08/28/14 that "he would like to request Keratek Gel in an effort to provide the patient further pain control and increase her functionality." However per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. The patient does not have diagnosis in line with guideline indications. Therefore, this request is not medically necessary.