

Case Number:	CM14-0168599		
Date Assigned:	10/16/2014	Date of Injury:	11/22/2013
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, wrist pain, carpal tunnel syndrome, and gastro-paresis reportedly associated with an industrial injury of November 22, 2013. In a Utilization Review Report dated September 18, 2014, the claims administrator retrospectively denied a request for Keratek gel for the shoulder and wrist. The applicant's attorney subsequently appealed. In a February 6, 2014 progress note, the applicant reported multifocal shoulder and wrist pain complaints. The attending provider suggested that the applicant employ topical Voltaren gel in lieu of oral pharmaceuticals owing to her issues with gastro-paresis. Somewhat incongruously, the attending provider then noted that the applicant was using multiple oral pharmaceuticals for other purposes, including Xanax, Zoloft, and Prempro. The applicant was placed off of work, on total temporary disability. On March 28, 2014, the applicant was again placed off of work, on total temporary disability. Topical Keratek gel was endorsed on this occasion. On April 26, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain, wrist pain, and fibromyalgia. The applicant was reportedly using the Keratek gel. The applicant was asked to obtain a right shoulder MRI. On June 25, 2014, the applicant was again placed off of work, on total temporary disability, while the flurbiprofen-cyclobenzaprine-menthol cream and the Keratek cream were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Analgesic gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical compounds such as Keratek are considered "largely experimental." In this case, it appears that the applicant has already received the Keratek cream at issue, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Keratek. The applicant remains highly dependent on various medical treatments, including several different topical compounded agents. The applicant remains off of work, on total temporary disability. All of foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.