

Case Number:	CM14-0175237		
Date Assigned:	10/28/2014	Date of Injury:	12/11/2012
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 elbow epicondylitis reportedly associated with an industrial injury of December 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; extensive amounts of physical therapy; and topical compounded medications. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for a topical compounded Keratek cream. The applicant's attorney subsequently appealed. In a progress note dated March 19, 2014, the applicant was given prescriptions for oral Motrin, a Biotherm cream, and a Keratek analgesic gel to combat multifocal complaints of elbow, ankle, foot, and knee pain. The applicant was returned to regular duty work on this occasion. On June 5, 2014, it was stated that the applicant was using Motrin for pain relief on an as-needed basis and stated that Motrin was generating appropriate analgesia. On July 3, 2014, it was acknowledged that the applicant was not working. The applicant was placed off of work, on total temporary disability, on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel (Menthol 16% Topical Analgesic, Methyl Salicylate 28%) 4 Oz, Quantity 1, Refill 0: 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 analgesics such as the Keratek analgesic gel, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of ibuprofen, a first-line oral pharmaceutical, effectively obviates the need for the largely experimental topical compounded drug. Therefore, the request is not medically necessary.