

Case Number:	CM14-0175390		
Date Assigned:	10/28/2014	Date of Injury:	12/11/2012
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 12/11/2012 due to an unknown mechanism. Diagnoses were chronic cervical strain with disc herniation, left upper extremity radicular pain, left shoulder partial rotator cuff tear, and rotator cuff tendonitis. Physical examination on 09/10/2014 revealed that due to persistent pain in the left upper trapezius muscle with hypertonicity, a 5:1 cortisone injection was administered the day of examination under sterile procedures. The injured worker tolerated the procedure well. There were no adverse reactions. It was reported that due to the worsening pain in the left trapezius muscle from the neck and left shoulder, the provider was going to request authorization for a short course of chiropractic treatment 2 times a week x3 weeks directed at the left shoulder. It was reported that the injured worker had 12 sessions of chiropractic treatment in the past. It was also reported that due to worsening pain, the provider wanted to request authorization for pain management consultation for the cervical spine as well as for Keratek analgesic gel. The use of Keratek analgesic gel in conjunction with the Motrin would assist in preventing the patient from needing to be advanced to stronger medications or narcotics in order to control the pain. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek analgesic gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The medical guidelines recommend the treatment with salicylate topicals. The medical guidelines recommend topical analgesics for neuropathic pain. It was not reported that the injured worker had neuropathic pain. Also, it was not reported that the injured worker had been on a trial of antidepressants and anticonvulsants with documented failure. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.