

Case Number:	CM14-0035221		
Date Assigned:	06/23/2014	Date of Injury:	08/12/2012
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Nevada. 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 records presented for review indicate that this 39-year-old female was reportedly injured on August 12, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 18, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, and left arm pain. The physical examination demonstrated slightly decreased range of motion of the cervical spine and tenderness along the cervical paraspinal muscles and trapezius on the left greater than the right side. There was a positive Spurling's test to the left. There was decreased strength of the left upper extremity and decreased sensation at the left C5, C6, C7, and see eight dermatomes. A urine drug screen was performed and Tylenol number three was prescribed. There was a request for Kera-Tek gel. A request had been made for Kera-Tek gel and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Kera-Tek gel is a compounded topical analgesic medication consisting of menthol and methyl salicylate. Only topical analgesics including those with anti-inflammatory medications, lidocaine and potentially capsaicin are indicated for topical usage. There is no evidence that other ingredients such as menthol or methyl salicylate have any efficacy. This request for Kera-Tek gel is not medically necessary.