

Case Number:	CM14-0037634		
Date Assigned:	06/25/2014	Date of Injury:	06/29/2004
Decision Date:	08/20/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family Practice and is licensed to practice in North Carolina. 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:

This case involves a female injured worker with a date of injury of 06/24/2004. Her diagnoses include lumbar and thoracic spondylosis, osteoarthritis of the knee and right wrist, obesity and depression. Her treatment has included physical therapy, chiropractic therapy, acupuncture and medication. The request is for 1 prescription of Keratek gel 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Keratek gel 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: The CA MTUS recommends limited use of topical analgesics. There is limited CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical non-steroidal anti-inflammatory drug (NSAID) analgesics for osteoarthritis. Additionally, most benefits are seen in use up to 12 weeks but no demonstrated benefits beyond this time period. The CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended.

Kerateck gel contains methyl salicylate which, as a non-steroidal anti-inflammatory agent, could be indicated for limited use, but also contains menthol which is not a recommended topical analgesic. As such, Kerateck gel is not medically necessary.