

Case Number:	CM14-0041733		
Date Assigned:	06/30/2014	Date of Injury:	11/10/2011
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Emergency 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:

Patient with reported date of injury on 11/10/2011. Patient has a diagnosis of right shoulder calcific tendonitis with subacromial impingement post right shoulder arthroscopic surgery (decompression and debridement) on 1/10/14. Medical records reviewed. Last report available until 2/26/14. Patient complains of right shoulder pain. Objective exam of right shoulder reveals limited range of motion with flexion to 40 degrees, extension to 10 degrees, abduction to 40 degrees, abduction to 40 degrees and rotation to 45 degrees. Recent medication list was not provided. Patient appears to be on Ultram and Prilosec. Patient has undergone physical therapy, medications and R shoulder injections. Independent Medical Review is for Keratek Analgesic Gel #4oz. Prior UR on 3/25/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Analgesic Gel 4 oz: Upheld

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

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

Decision rationale: Keratek gel is composed of methyl-salicylate and menthol. As per MTUS guidelines, Any compounded product that contain one drug or drug class that is not recommended is not recommended. As per MTUS Chronic pain guidelines, methyl-Salicylate is recommended for osteoarthritis especially of the knee. May be recommended for certain chronic musculoskeletal pains. There is no evidence to support its use in the shoulder. Menthol has some topical soothing affect. Since Methyl-Salicylate is not recommended, Keratek gel is not recommended. Therefore, the request for Keratek Analgesic Gel 4 oz is not medically necessary and appropriate.