

Case Number:	CM14-0046836		
Date Assigned:	07/02/2014	Date of Injury:	01/04/2013
Decision Date:	09/09/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 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:

This patient sustained an injury on 1/4/13 while employed by [REDACTED]. Request(s) under consideration include Kera-Tek gel right shoulder. Diagnoses include cervical strain; lumbar sprain rule out disc herniation; acute bilateral elbow strain; wrist strain rule out fibrocartilage tear; right knee contusion; history of GI problems (unspecified); right shoulder partial-thickness supraspinatus tear/ sub-labral recess versus labral tear; and right mild ulnar nerve compression by electrodiagnostics. Report of 3/12/14 from the provider noted the patient with ongoing symptoms. Exam showed diffuse decreased lumbar range; tenderness of paraspinal muscles; positive Kemp's sign and SLR at 60 degrees; diffuse decreased sensation of 4/5 at L4, L5, and S1; decreased right shoulder range in all planes; positive Neer's/Hawkin's and empty-nest testing with AC tenderness; decreased hand range of motion with positive Phalen's and Tinel's with decreased medial aspect hand sensation. Treatment included continuing with PT and topical gel. Request(s) for Kera-Tek gel right shoulder was non-certified on 3/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient sustained an injury on 1/4/13 while employed by [REDACTED]. Request(s) under consideration include Kera-Tek gel right shoulder. Diagnoses include cervical strain; lumbar sprain rule out disc herniation; acute bilateral elbow strain; wrist strain rule out fibrocartilage tear; right knee contusion; history of GI problems (unspecified); right shoulder partial-thickness supraspinatus tear/ sub-labral recess versus labral tear; and right mild ulnar nerve compression by electrodiagnostics. Report of 3/12/14 from the provider noted the patient with ongoing symptoms. Exam showed diffuse decreased lumbar range; tenderness of paraspinal muscles; positive Kemp's sign and SLR at 60 degrees; diffuse decreased sensation of 4/5 at L4, L5, and S1; decreased right shoulder range in all planes; positive Neer's/Hawkin's and empty-nest testing with AC tenderness; decreased hand range of motion with positive Phalen's and Tinel's with decreased medial aspect hand sensation. Treatment included continuing with PT and topical gel. Request(s) for Kera-Tek gel right shoulder was non-certified on 3/31/14. Keta-tek has active ingredients of methyl salicylate and menthol. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medication as the patient is concurrently taking another anti-inflammatory, Naprosyn. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 beyond guidelines criteria. The Kera-Tek gel right shoulder is not medically necessary and appropriate.