

Case Number:	CM14-0048118		
Date Assigned:	07/02/2014	Date of Injury:	07/23/2012
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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:

This is a 44-year-old female with a 7/23/12 date of injury. The mechanism of injury was reported to be that the patient stuck her hand in the counter stacker and the conveyor belt pulled her left thumb, index and middle finger. According to a 3/4/14 progress report, the patient complained of left shoulder pain rated an 8/10 and left wrist pain rated an 8/10. The pain was frequent and the shoulder pain radiated up to her neck. Objective findings are decreased range of motion (ROM) of left shoulder, positive Hawkins impingement, AC joint tenderness on the left, decreased ROM of left wrist, positive Phalen's and Tinel's on the left, decreased grip strength on the left 4/5, decreased sensation at 4/5 at median and ulnar aspects on the left hand. Diagnostic impressions are left shoulder strain, no rotator cuff tear, history of right shoulder injury, status post left hand crush injury, DeQuervain's tenosynovitis of the left hand and electrodiagnostic evidence of moderate carpal tunnel syndrome. Previous treatment includes medication management, activity modification and physical therapy. A UR decision dated 3/27/14 denied the request for Kera-tek Gel. According to the guidelines, there must be sufficient documentation of medical necessity consistent with MTUS Guidelines. MTUS Guidelines indicate there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip and shoulder. The patient is also taking Motrin therefore this gel is an additive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek Gel 4oz: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm>.

Decision rationale: A search of online resources revealed that Kera-Tek Gel active ingredients include menthol 16%, topical analgesic and methyl Salicylate 28%, topical analgesic), which is used for temporarily relief of minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. CA MTUS indicates that topical salicylates (e.g., Ben-Gay, aspercream, methyl salicylate) are significantly better than placebo in chronic pain. According to a 3/4/14 progress report, the physician indicated that he is prescribing Kera-tek Gel to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration. Guidelines support topical salicylates for pain relief. Therefore, the request for Kera-tek Gel 4oz is medically necessary.