

Case Number:	CM14-0054194		
Date Assigned:	07/09/2014	Date of Injury:	10/11/2008
Decision Date:	09/18/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Pain Management, 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 patient with a date of injury of October 11, 2008. A utilization review determination dated April 1, 2014 recommends noncertification of Kera Tek Analgesic Gel. A progress report dated March 17, 2014 identifies subjective complaints of neck pain radiating into both arms and fingers. Objective examination findings identify reduced range of motion in the cervical spine with tenderness to palpation. There is also decreased strength and sensation in the upper extremities. Diagnoses include status post C5-C6 cervical discectomy and fusion, cervical radiculopathy, and gastroenteropathy. The treatment plan recommends neurosurgical consultation, and continuing Norco and Kera Tek analgesic gel. A progress report dated February 10, 2014 identifies treatment recommendations including Kera Tek, stating that the patient has been intolerant to other treatment including activity restrictions, medications, and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel, four ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 OF 127.

Decision rationale: Regarding the request for Kera-Tek analgesic gel, four ounces, it appears that this is a topical formulation of menthol and methyl salicylate. Guidelines state that topical NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of this medication. Additionally, there is no documentation that patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical NSAIDs are for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Kera-Tek analgesic gel, four ounces, is not medically necessary or appropriate.