

Case Number:	CM14-0062510		
Date Assigned:	07/11/2014	Date of Injury:	09/17/2005
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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:

The patient is a 70-year-old female who has submitted a claim for cervical sprain, right and left shoulder impingement, and rule out rotator cuff tear of both shoulders, associated with an industrial injury date of September 17, 2005. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent neck and bilateral shoulder pain, both rated 7/10. Lidoderm patches and Voltaren gel helps decrease pain to 3-4/10. She previously used Bio-Therm cream which also decreased pain from 7/10 to 4/10. Physical examination of the cervical spine showed limitation of motion; tenderness over the paraspinal and trapezius muscles; and positive Spurling's test bilaterally. Examination of the bilateral shoulders showed symmetrical limitation of motion; positive Neer's and Hawkin's Impingement; bilateral acromioclavicular (AC) joint tenderness; and decreased strength at 4/5 with flexion and abduction. Electromyography (EMG) was done on February 26, 2014 demonstrated chronic C7 nerve root irritation on both sides and bilateral carpal tunnel syndrome. The diagnoses were cervical sprain, rule out disc herniation; C7 nerve root irritation bilaterally; bilateral shoulder impingement syndrome, status post arthroscopy; rule out rotator cuff re-tear of the bilateral shoulders; and bilateral carpal tunnel syndrome. Treatment plan includes a request for Kera Tek Gel. Treatment to date has included oral and topical analgesics, bilateral shoulder surgery, and physical therapy. Utilization review from April 15, 2014 denied the request for Kera Tek Gel (menthol, methyl salicylate) to cervical spine and shoulder because it has not been established that there is any necessity for this specific brand name.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel (menthol, methyl salicylate): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. In this case, it has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Kera Tek Gel (menthol,methyl salicylate) is not medically necessary.