

Case Number:	CM14-0063369		
Date Assigned:	07/11/2014	Date of Injury:	12/13/2007
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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:

The injured worker is a 57-year-old female who reported an injury on 12/13/2007 due to an unknown mechanism. Diagnoses were status post left shoulder operative arthroscopy, subacromial decompression with residual, right shoulder persistent pain radicular symptoms, right arm sprain and strain secondary to compensatory factors to the left shoulder pain. Past treatment was physical therapy. Diagnostic studies were MRI of the lumbar spine. Surgical history was post left shoulder operative arthroscopy and subacromial decompression with residual. Physical examination on 02/28/2014 revealed complaints of lumbar spine and left shoulder pain. The injured worker rated the lower back pain at an 8/10, stating it was constant and worsening as well as the left shoulder pain, which was rated at 9/10. It was reported that the injured worker was not taking any medications at this time. Examination of the lumbar spine revealed decreased range of motion with flexion to 50 degrees, extension was to 15 degrees, and right and lateral flexion were to 15 degrees. There was tenderness to the paraspinals, left greater than right. There was positive Kemp's sign bilaterally and positive straight leg raise on the left at 60 degrees to posterior thigh. There was a 5/5 strength in sensation on the right at L4, L5, and S1 and on the left there was 4/5 decreased strength and sensation at the L4, L5, and S1. Deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendons. Examination of the left shoulder revealed decreased range of motion with flexion to 110 degrees, extension was to 30 degrees, abduction was to 100 degrees, adduction was to 30 degrees, internal rotation was to 80 degrees, and external rotation was to 60 degrees. There was a positive Neer's impingement and Hawkins impingement and AC joint tenderness. There was decreased strength 4/5 with flexion and abduction. No medications were reported. Treatment plan was to get an MRI of the left shoulder, start physical therapy, and to use Kera-Tek Analgesic Gel. The rationale was to prescribe Kera-Tek Gel to maintain the injured worker's painful symptoms, restore activity

levels, and aid in functional restoration, based on the MTUS Guidelines cited below. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111, 112.

Decision rationale: The request for Kera-Tek gel 4 oz. is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend treatment with topical salicylates. It was not reported or noted if the injured worker had been on any type of antidepressant or anticonvulsant that has failed. Therefore, the request for Kera-Tek gel 4 oz. is not medically necessary.