

Case Number:	CM14-0063721		
Date Assigned:	07/11/2014	Date of Injury:	06/12/2012
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
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 Anesthesiology, 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:

According to the records made available for review, this is a 33-year-old male with a 6/12/12 date of injury. At the time (4/28/14) of request for authorization for Kera-Tek Gel 4oz, there is documentation of subjective reports of pain of cervical spine, right shoulder, and lumbar spine with radicular pain and numbness affecting the bilateral lower extremities, greater on the left than the right. Objective findings are slightly decreased cervical range of motion, tenderness to the paraspinals and trapezius muscles equally, positive cervical compression, normal strength and sensation at 5/5 bilaterally at C5, C6, C7, C8, decreased lumbar range of motion, positive Kemp sign bilaterally, decreased sensation on right at 4/5 at L4 only, slightly decreased range of motion of right shoulder, acromioclavicular (AC) joint tenderness, and 4/5 strength with flexion and abduction of right shoulder. Current diagnoses include multilevel disc herniation, cervical musculoligamentous sprain/strain, and right shoulder contusion/sprain, rule out internal derangement. His treatment to date has been physical therapy and medications (including ongoing treatment with Ultram, Prilosec, and Flexeril). There is no documentation that trials of antidepressants and anticonvulsants have failed.

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 Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

Decision rationale: An online search identifies Keratek gel as a topical compounded analgesic medication consisting of Menthol 16% and Methyl Salicylate 28%. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of multilevel disc herniation, cervical musculoligamentous sprain/strain, and right shoulder contusion/sprain, rule out internal derangement. In addition, there is documentation of neuropathic pain and a plan to start Kera-Tek gel. There is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Kera-Tek Gel 4oz is not medically necessary.