

Case Number:	CM14-0067936		
Date Assigned:	07/11/2014	Date of Injury:	10/14/2013
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47-year-old male who was injured on 10/14/13 after falling off of a ladder. He was diagnosed with head contusion, acute cervical strain, bilateral shoulder strain, acute lumbar strain, and bilateral knee strain. He was treated with NSAIDs, physical therapy, opioids, and topical analgesics (KeraTek gel). The injured worker was offered KeraTek gel for his chronic pain on 2/11/14. On 3/25/14 he reported back to his orthopedic surgeon's physician's assistant complaining still of cervical, lumbar, and bilateral knee pain with an average pain level reported at an 8/10 on the pain scale. However, he reported that when he takes Motrin, the pain reduces to 4/10 on the pain scale. There was no report on whether the KeraTek gel helped or not, or whether or not he used it at that time. It was then recommended that he get a steroid injection per Pain Management, and was again offered Kera-Tek gel, Motrin, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

KeraTek Gel-4oz two-three times daily as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: KeraTek gel is a combination topical analgesic medication that includes Menthol and Methyl Salicylate. Salicylate topicals such as KeraTek are recommended as an option for chronic pain, according to the MTUS Chronic Pain Guidelines as there is evidence for clear benefit in chronic pain. However, in order to justify continuation of a product such as KeraTek, there needs to be documented evidence of functional and pain-reduction benefit. In the case of this worker, there was no follow-up report documenting how the Kera Tek gel helped the worker's pain, if at all, in order for it to warrant continuation. Therefore, the Kera Tek gel is not medically necessary without this evidence of benefit.