

Case Number:	CM14-0081780		
Date Assigned:	07/28/2014	Date of Injury:	08/14/2012
Decision Date:	09/26/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 48-year-old gentleman who was reportedly injured on August 14, 2012. The mechanism of injury is noted as twisting the right ankle. The most recent progress note dated April 2, 2014, indicates that there are ongoing complaints of right foot pain. Pain is rated at a 9/10. The physical examination demonstrated swelling along the plantar fascia as well as tenderness at this region. There was decreased range of motion with flexion and extension. There was also an antalgic gait with ambulation. Diagnostic imaging studies of the right ankle noted degeneration and a calcaneal/navicular coalition with edematous changes. Previous treatment includes physical therapy and chiropractic care. A request was made for Keratek gel and was not certified in the pre-authorization process on May 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel, 4 oz bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Keratek gel is a compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Keratek gel is not medically necessary.