

Case Number:	CM14-0086830		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	08/29/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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:

Patient is a 52 year-old male with date of injury 10/10/2008. The medical document associated with the request for authorization, a primary treating Physician's Progress Report dated 05/01/2014, lists subjective complaints as pain in the shoulders, arms, neck, low back, and knees. Objective findings: Examination of the cervical spine and upper extremities revealed tenderness to palpation of the paraspinal musculature and nonspecific tenderness to palpation at the bilateral shoulders. Patient had normal range of motion of the bilateral shoulders, but decreased sensation was noted. Diagnosis: 1. Cervical sprain/strain 2. Thoracic strain/sprain 3. Lumbar strain/sprain 4. Shoulder strain/sprain, bilateral 5. Numbness, bilateral arms 6. Numbness, bilateral legs 7. Strain/sprain knees, bilateral. Patient has had 12 sessions of physical therapy and 8 sessions of chiropractic care, and noted limited improvement from these conservative treatments. Patient is currently taking Tylenol and Aspirin. The medical records provided for review document that the patient has not been prescribed the following medications before the date of the request for authorization on 05/01/2014. Medications: 1. Keratek Analgesic Gel. No SIG given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek anagesic gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG, Salicylate topics.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Keratek Analgesic Gel contains Menthol 16% and Methyl Salicylate 28%. There is no reference in the MTUS or Official Disability Guidelines recommending the use of Keratek Analgesic Gel. Therefore, this request is not medically necessary.