

Case Number:	CM14-0175037		
Date Assigned:	10/28/2014	Date of Injury:	12/03/2013
Decision Date:	12/03/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old male, who sustained an industrial injury on December 3, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spine sprain and strain, right elbow contusion by history and grade three type tear of the posterior horn of the medial meniscus as well as thinning and splaying of the anterior cruciate ligament as per MRI dated July 25, 2014. Treatment to date has included diagnostic studies, medication and physical therapy. On September 18, 2014, the injured worker complained of persistent neck pain rated an 8 on a 1-10 pain scale. The pain was noted to be frequent and the same if not slightly worsening. He complained of back pain rated an 8 on the pain scale, right elbow pain rated a 7, right knee pain rated a 7 and right foot pain rated a 7 on the pain scale. This pain was noted to be constant and the same. He stated that Tramadol helps bring the pain from an 8 down to a 6 on the pain scale and Norco helps his pain come down to a 5 on the pain scale. He was noted as not being able to take oral NSAID medication secondary to gastrointestinal issues. The treatment plan included a psychiatric consultation, physical therapy, MRI of the left knee, right knee sleeve, 30 day transcutaneous electrical nerve stimulation unit trial, oral medications, follow-up visit and Kera-Tek analgesic gel in an attempt to transition him from the Norco completely. On October 8, 2014, utilization review denied a request for 1 Kera-Tek analgesic gel 4 ounce related to cervical spine, elbow and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek, analgesic gel, four ounce, cervical spine, right elbow and right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per manufacturer's information, Kera-Tek gel contains the active ingredients Methyl Salicylate, Menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. In this case, the injured worker is unable to tolerate oral NSAIDs and the physician is attempting to wean him from opioids with the aid of Kera-Tek gel. The request for Kera-tek, analgesic gel, four ounce, cervical spine, right elbow and right knee is medically necessary.