

Case Number:	CM14-0186279		
Date Assigned:	11/14/2014	Date of Injury:	07/31/2013
Decision Date:	02/18/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/08/2014

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: Physical Medicine & Rehabn

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 patient is a 49 year old male with an injury date on 7/31/13. The patient complains of persistent and occasional low lumbar pain rated 8/10, right elbow/wrist/hand pain rated 7-8/10, and bilateral knee pain rated 3/10 that is occasional and improved per 10/13/14 report. The patient only takes over the counter Advil which reduces pain from 8/10 down to 5-6/10 and allows him to ambulate a little longer than before per 10/13/14 report. The patient was taking Tramadol per 9/22/14 report, which reduced pain from 9/10 down to 2/10 and allows him to do more activities of daily living around the house for an hour, as opposed to half an hour per 9/22/14 report. The patient cannot take NSAIDs due to low platelet count per 9/22/14 report. Based on the 10/13/14 progress report provided by the treating physician, the diagnoses are: 1. electrical shock to the right upper extremity with acute spasm of the low back and both legs 2. right elbow cubital tunnel syndrome 3. right thumb paresthesias, s/p electrical shock A physical exam on 10/13/14 showed "L-spine range of motion is decreased. Right elbow has slightly decreased range of motion. Right hand has grip strength of 4/5." The patient's treatment history includes medications, physical therapy, activity restrictions, home exercise program. The treating physician is requesting kera tek gel 402 3 times daily. The utilization review determination being challenged is dated 10/30/14 and denies request due to lack of previous first-line prescription medication. The requesting physician provided treatment reports from 7/31/13 to 1/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel 4oz 3 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with lower back pain, right elbow/wrist/hand pain, and bilateral knee pain. The treater has asked for Kera Tek gel 4oz 3 times daily on 10/13/14. The provider is requesting the topical gel, as the patient is not currently on opioids, and is only taking OTC Advil for pain per 10/13/14 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The patient has a chronic pain condition with radicular symptoms. The patient has failed conservative treatment, and a trial of Kera-tek for patient's peripheral joint neuropathic pain would appear reasonable. The request for a trial of Kera Tek gel is medically necessary.