

Case Number:	CM14-0187095		
Date Assigned:	11/17/2014	Date of Injury:	09/03/2013
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 65-year-old male presenting with a work-related injury on September 23, 2013. The patient was diagnosed with rotator cuff syndrome of shoulder and sleep issues. The patient's medications include Motrin. The patient has tried physical therapy. On September 19, 2014 the patient complained of continuous right shoulder pain that radiates to the right arm down to the finger level. The pain was rated at an 8/10. The physical exam revealed range of motion to the right shoulder as follows: flexion is 90, extension at 20, abduction is 20, abduction is 90 degrees, internal rotation 0 and external rotation insert degrees; then there's impingement and Hawkins test was positive on the right shoulder. A claim was made for Kera Tech analgesic gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek analgesic gel: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: Kera Tek analgesic gel is not medically necessary. Kera-Tek Analgesic Gel contains Methyl Salicylate 28 percent and Menthol 16 percent. According to California MTUS,

2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Per CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.