

Case Number:	CM14-0189095		
Date Assigned:	11/20/2014	Date of Injury:	01/19/2012
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier carpal tunnel release surgery; earlier trigger finger release surgery; earlier shoulder surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve a request for a Keratek analgesic gel, which the claims administrator contended was a methyl salicylate containing amalgam. It was not stated whether the request was a first-time request or a renewal request. The claims administrator stated that the applicant was concurrently using Tylenol No. 3. The decision was reportedly based on a September 30, 2014 progress note. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Page(s): 105.

Decision rationale: Kera-Tek, per the National Library of Medicine (NLM), is an amalgam of Methyl Salicylate and Menthol. The request in question did represent a first-time request for Kera-Tek analgesic gel as there was no concrete evidence that the applicant had used Kera-Tek analgesic gel prior to the October 7, 2014 progress note in which it is seemingly sought for the first time. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Salicylates are recommended in the chronic pain context present here. Methyl Salicylate is seemingly the sole active ingredient in the Kera-Tek agent in question. Therefore, the request was medically necessary.