

Case Number:	CM14-0201209		
Date Assigned:	12/11/2014	Date of Injury:	02/16/2014
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker is a 45 year old male who suffered a work related injury on 02/16/104 to his right ankle. Per the physician notes from 10/20/14 he complains of lumbar spine, bilateral knee, bilateral hip, right ankle and bilateral foot pain. His pain is rated at 8-9/10. The pain is decreased with medication, and worsens with activities. He presently does not work. Diagnoses include right ankle sprain and severe ligament tears, right knee strain, rule out meniscal tear and ligament tear. His treatment plan consists of Tramadol, ankle brace with ambulation, follow up with a foot and ankle specialist, and to begin KeraTek gel for better pain control. A progress report dated April 30, 2014 provides a prescription of naproxen. The requested treatment is KeraTek gel. This was denied by the Claims Administrator on 11/12/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesics Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Kera-tek gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Kera-tek gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Kera-tek gel is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Kera-tek gel is not medically necessary.