

Case Number:	CM14-0201500		
Date Assigned:	12/11/2014	Date of Injury:	08/29/2014
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male who sustained a cumulative work related injury to his back and right knee while employed as a Deputy Sheriff on August 29, 2014. Conservative treatment, pain medication and physical therapy were initiated. The injured worker continues to experience chronic intermittent right knee and low back pain. A previous work injury to the right knee in 2003 requiring a right meniscectomy for a torn meniscus was also documented along with a hearing/auditory injury according to the medical report of October 9, 2014. On June 19, 2014 the patient sustained a subsequent injury to his left knee and a left knee meniscectomy was performed on September 25, 2014. The current diagnoses are listed as chronic lumbar and thoracic sprain and status post meniscectomy bilateral knees as documented above. No oral pain medications were noted. The injured worker remains on temporary total disability (TTD). The treating physician has requested authorization for Kera-Tek gel 4 ounces. On November 5, 2014 the Utilization Review denied authorization for the prescription for Kera-Tek gel 4 ounces. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4oz.: Upheld

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

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

Decision rationale: Keratek gel 4 oz. bottle prescribed on 1/8/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Keratek is a compounded gel that contains methyl salicylate and menthol. These are the same ingredients contained in ultra-strength Ben Gay. The MTUS states that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation is not clear on why the patient cannot take over the counter Ben Gay rather than this prescription strength. There is no documentation that he has failed oral antidepressants or anticonvulsants. The request for Keratek gel 4 oz. is not medically necessary.