

Case Number:	CM14-0201602		
Date Assigned:	12/11/2014	Date of Injury:	07/30/2014
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 was injured on July 30, 2014, while performing regular work duties. The injured worker is a Police Officer. The mechanism of injury is from a motorcycle accident. The injured worker is currently working unrestricted. The radiological imagings on July 30, 2014, do not reveal fractures, subluxation, or evidence of significant injury. An evaluation on August 7, 2014, indicates the diagnoses are acute cervical strain, right elbow bone contusion, bilateral wrist sprain, bilateral wrist contusion, and acute lumbar strain. The injured worker received physical therapy resulting in increased motion, and decreased pain. An evaluation on October 20, 2014, indicates the injured worker is taking Tramadol as needed for pain. The physical findings of the neck are decreased range of motion, tenderness over both trapezius muscles, a positive cervical compression test. The right elbow reveals slight decrease in range of motion and tenderness. The wrists show slight decrease in range of motion, and tenderness on the left. The lumbar spine shows tenderness of the paraspinal muscles. The records do not indicate a failure, or an inability to tolerate pain medications. The request for authorization is for Kera-Tek analgesic gel 4 ounces (Express Scripts). The primary diagnosis is neck sprain. On November 7, 2014, Utilization Review non-certified the request for Kera-Tek analgesic gel 4 ounces (Express Scripts), based Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesics gel 4 oz: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Kera-Tek analgesics gel 4 oz is not medically necessary.