

Case Number:	CM14-0205627		
Date Assigned:	12/17/2014	Date of Injury:	08/07/1992
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Montana. 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:

Worker is a limousine driver with a date of injury of 8/17/92. His work-related conditions are described as cumulative trauma involving the neck shoulders and mid and lower back. The records note that he has had multiple motor vehicle accidents. He currently has complaint of pain in both shoulders neck and low back. He has been diagnosed with severe glenohumeral osteoarthritis of the left shoulder and total arthroplasty has been recommended. The primary treating physician has requested Kera-Tek analgesic gel 4 ounces, which was non-certified by the Utilization Review on 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic 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): 111-112.

Decision rationale: Kera-Tek is a combination analgesic medication using methyl salicylate and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic

pain when trials of antidepressants and anticonvulsants have failed. The medical records do not indicate failure of such treatments. Methyl salicylate is a non-steroidal anti-inflammatory agent (NSAID). The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. It may be helpful in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, with recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case the current complaints are for pain in the spine and shoulders. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. The request for Kera-Tek analgesic gel is not consistent with the MTUS guidelines and is not medically necessary.