

<b>Case Number:</b>	CM14-0208431		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/17/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 neck pain reportedly associated with an industrial injury of July 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for a Keratek analgesic gel and as well as a CT scan of the thoracic spine. The claims administrator did not invoke any guidelines in its rationale but stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines at the bottom of the report. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported ongoing complaints of neck pain, mid back pain, bilateral shoulder pain, and left hand pain, 6/10. The applicant was using Tylenol No. 3 and hydrocodone for pain relief. The applicant was not working, it was acknowledged. A Keratek analgesic gel was endorsed. The applicant was placed off of work, on total temporary disability. CT imaging of the bilateral shoulder and thoracic spine were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keratek Analgesic gel 4oz with no refills, apply 2-3 times a day: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation www.Rxlist.com, Physician's Desk Reference, 68th Edition, www.odg-twc.com, www.drugs.com, www.online.epocrates.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Keratek Medication Guide.

**Decision rationale:** It appears that the request for Keratek was a first-time request, introduced on or between October 15, 2014 and October 20, 2014. Keratek, per the National Library of Medicine (NLM), is an over-the-counter methyl salicylate-menthol gel. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates are recommended in the treatment of chronic pain as was/is present here. Introduction of Keratek analgesic gel, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.

**CT scan of the thoracic region with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical and/or thoracic spine is recommended to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant's presentation was not compatible with diagnosis of nerve root compromise for which CT imaging of the thoracic spine would have been indicated. The multifocal nature of the applicant's complaints, which would included the neck, mid back, bilateral shoulders, and hands, furthermore, significantly diminish the likelihood of the applicant's acting on the results of the proposed thoracic MRI and/or consider any kind of surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.