

Case Number:	CM15-0008066		
Date Assigned:	01/16/2015	Date of Injury:	08/19/2013
Decision Date:	04/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 48 year old male who sustained an industrial injury on 08/19/2013. He has reported complaints of pain in the cervical spine, lumbar spine, right shoulder and bilateral knees. Diagnoses include cervical disc herniation, lumbar spondylolisthesis and disc herniation, bilateral knee instability, right knee meniscal tear, bilateral shoulder strain/sprain; rule out internal derangement, and status post right knee arthroscopy. A physician progress note dated 12/08/2014 documents the injured worker complains of chronic pain affecting his cervical spine, right shoulder and right knee. This injured worker has been intolerant to other treatments including therapy, activity restrictions, medications and home exercises and remains significantly symptomatic. Celebrex helps with his pain decreasing it from a 7/10 to 3/10. There is decreased range of motion in the cervical spine, and lumbar spine, and there is tenderness over the paraspinal muscles in both the cervical and lumbar spine. His right knee reveals tenderness medially and mild crepitus anteriorly on passive range of motion. The treating provider is requesting Kera-Tek analgesic gel. On 12/23/2014 Utilization Review non-certified the requests for Kera-Tek analgesic gel. Cited in the decision was California Medical Treatment Utilization Schedule (MTUS)-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 Analgesic 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 Lidoderm & Menthol & Topical Analgesics Page(s): 56 & 105 & 111-112.

Decision rationale: Kera-Tek Gel 4 oz bottle 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 the injured worker is intolerant to oral medications. The request for Kera Tek gel 4 oz is not medically necessary.