MAXIMUS Federal Services

| Case Number: | CM15-0013937 | | |
|---|---|---|---|
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/10/1997 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/23/2015 |

## 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: Texas, New York, 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 51-year-old [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 10, 1997. In a Utilization Review Report dated December 19, 2014, the claims administrator failed to approve a request for a Keratek analgesic gel. An RFA form received on December 12, 2014 was referenced in the determination. The applicant's attorney subsequent appealed. In an RFA form dated October 24, 2014, Keratek analgesic gel and platelet-rich plasma injection therapy were endorsed. In an associated progress note dated October 13, 2014, the applicant reported ongoing complaints of knee pain. The applicant was working regular duty. The attending provider contended that the applicant's usage of pain medication was attenuating his pain complaints from 8/10 without medication to 3/10 with medications. The applicant did exhibit a normal gait.

## 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105. Decision based on Non-MTUS Citation Search ResultsDailyMed - KERATEK- menthol and methyl salicylate geldailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5527b965-615b...Oct 24, 2013 - Label: KERATEK- menthol and methyl salicylate gel.

**Decision rationale:** Yes, the request for Keratek analgesic gel, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as the Keratek analgesic gel at issue are recommended in the chronic pain context present here. Here, the applicant has demonstrated a favorable respond to the same as evinced by his successful return to work and reports of appropriate analgesia effected as a result of ongoing Keratek analgesic gel usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.