

Case Number:	CM15-0141146		
Date Assigned:	07/30/2015	Date of Injury:	06/10/2008
Decision Date:	08/27/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 76 year old female, who sustained an industrial injury on 6-10-2008. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having chronic diffuse cervical degenerative changes, cervical disc herniation, bilateral upper extremities radiculopathy, right shoulder rotator cuff syndrome and bilateral knee osteoarthritis. Right shoulder magnetic resonance imaging showed bursitis with tendinopathy with no tears. Treatment to date has included injections, therapy and medication management. In a progress note dated 6-15-2015, the injured worker complains of neck and right shoulder pain rated 9 out of 10 and 8-9 out of 10 bilateral knee pain. Physical examination showed cervical, right shoulder and bilateral knee tenderness with limited range of motion of the right shoulder and knees. The treating physician is requesting Kera-Tek 4 ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek (Methyl Salicylate/Menthol) 4 oz (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant sustained a work injury as the result of a slip and fall and continues to be treated in June 2008 and continues to be treated for neck, right shoulder, and bilateral knee pain. Her past medical history includes elevated cholesterol and type II diabetes and she has a history of gastritis. Medications have included topical diclofenac and Norco. In April 2015 Pennsaid was giving the claimant pain relief and allowing her to continue working. When seen, she was having persistent pain which had worsened. Physical examination findings included cervical spine tenderness with normal range of motion. There was decreased right shoulder range of motion with tenderness. There was bilateral knee tenderness. There was decreased upper and lower extremity strength. Pennsaid was discontinued and authorization for Keratek gel was requested. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. In this case, the claimant has intolerance to oral non-steroidal anti-inflammatory medication due to gastritis and had worsening pain while using topical diclofenac. She has localized peripheral pain that could be amenable to topical treatment. KeraTek can be considered as medically necessary.