

Case Number:	CM15-0145606		
Date Assigned:	08/06/2015	Date of Injury:	11/17/2014
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 11-17-2014. He reported falling and hitting his head on the floor. Diagnoses have included post-concussion syndrome, cervical sprain-strain, lumbar spine herniated nucleus pulposus (HNP) and sprain of ankle. Treatment to date has included physical therapy, a home exercise program and medication. According to the progress report dated 5-5-2015, the injured worker complained of constant headaches. He also reported difficulty concentrating. The injured worker was oriented to person, place and time. Exam of the cervical spine revealed decreased range of motion, tenderness, pain and spasm. There was tenderness to the lumbar spine. Per the orthopedic evaluation dated 6-10-2015, the injured worker complained of right ankle pain and swelling. He complained of low back pain with radiation to the right leg. Authorization was requested for Kera Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel 4 oz bottle: Upheld

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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. KeraTek gel contains a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also given other topical analgesics as well as oral NSAIDS simultaneously. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The KeraTek is not medically necessary.