MAXIMUS Federal Services

Case Number:	CM15-0195247		
Date Assigned:	10/09/2015	Date of Injury:	11/05/2013
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 11-05-2013. She has reported injury to the right wrist and right foot-ankle. The diagnoses have included right carpal tunnel syndrome; right wrist de Quervain's tenosynovitis; right thumb trigger finger; right foot strain, improved; left wrist pain due to compensation, rule out ganglion cyst; and status post carpal tunnel release and first digit trigger finger release, on 03-27-2015. Treatment to date has included medications, diagnostics, rest, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol, Nabumetone, Motrin, and compounded topical cream. A progress report from the treating provider, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported persistent pain in the bilateral wrists, rated at 6 out of 10 in intensity; the left one is worse at night, with pain going up to a 9 out of 10 in intensity; the pain is made worse with weather and activities; the pain is made better with rest and medication; she takes Tramadol on an as needed basis, that helps her pain from a 6 to a 3 out of 10 in intensity; and she is currently not working. Objective findings included she is in no acute distress; right wrist reveals a well-healed surgical scar over the volar aspect at the base of the wrist, highly erythematous but no signs of infection; she still has decreased grip strength at 4 out of 5; there was tenderness over the A1 pulley at the first digit; there was tenderness over the A1 pulley at the third and fourth digits as well; a well-healed surgical scar over the A1 pulley of the first digit; left wrist revealed tenderness over the first metacarpophalangeal joint with a palpable 1 cm mass; and the right foot and ankle revealed some slightly decreased range of motion and slight tenderness over the lateral malleoli. The provider documented that the injured worker only takes Tramadol on an as-needed basis and she

is concerned about dependency or side effects; and he would like to request the Kera-Tek gel in an attempt to help control her pain further. The treatment plan has included the request for Kera Tek gel (Methyl Salicylate-Menthol) 4oz. The original utilization review, dated 10-01-2015, non-certified the request for Kera Tek gel (Methyl Salicylate-Menthol) 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel (Methyl Salicylate/Menthol) 4oz: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with bilateral wrist pain, left greater than right. The request is for kera tek gel (methyl salicylate/menthol) 4OZ. Patient is status post right carpal tunnel release and first digit trigger finger release, 03/2015. Examination to the bilateral wrists on 08/17/15 revealed a positive Finklestein test bilaterally, worse on the left. Phalen's and Tinel's tests were positive on the left. Per 09/10/15 Request For Authorization form, patient's diagnosis include right carpal tunnel syndrome, right wrist de Quervain's tenosynovitis, right thumb trigger finger, right foot strain improved, status post carpal tunnel release and first digit trigger finger release from March 2015, left wrist pain due to compensation, rule out ganglion cyst. Patient's medication, per Request For Authorization form dated 07/29/15 includes Tramadol. Per 08/25/15 progress report, patient is to remain off work until 10/06/15.MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In progress report dated 08/25/15, the treater is prescribing Kera-Tek Gel to help control patient's pain as she only takes Tramadol and is concerned about dependency and side effects. Review of the medical records provided did not indicate prior use and it appears that the treater is initiating this medication. The patient continues with pain in bilateral wrists and is diagnosed with right wrist de Quervain's tenosynovitis. The guidelines support the use of topical NSAIDs for patients with osteoarthritis and tendinitis. Given the patient's condition, the request appears to be reasonable and within guideline recommendations. Therefore, the request IS medically necessary.