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| Case Number: | CM15-0044352 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 05/22/1997 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old male who sustained an industrial injury on 05/22/1997. Current diagnoses include moderate disc desiccation C5-C7 and facet arthrosis, moderate disc desiccation L3-L5 with moderate facet arthrosis, partial thickness surface tear of the supraspinatous tendon, bilateral knee patellofemoral pain, bilateral knee meniscus tear status post arthroscopy, and mild right compression of the median nerve at the carpal tunnel. Previous treatments included medication management, bilateral knee arthroscopy, and physical therapy. Report dated 02/12/2015 noted that the injured worker presented with complaints that included cervical spine, lumbar spine, right shoulder, bilateral wrists and bilateral knee pain. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for authorization for a spine consult regarding the cervical and lumbar spine, right wrist cock-up brace for night splinting, and Kera-Tek analgesic gel. The physician noted that the injured worker uses Kera-Tek gel because he does not take oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Keratec gel is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Keratec gel contains methyl salicylate and menthol. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured workers working diagnoses are moderate disc desiccation C-5 - C6 and C6 - C7 with 3mm disc bulges and facet arthrosis causing moderate neuroforaminal stenosis bilaterally; moderate to severe disk desiccation L3 - L4, L2 - L3 and L4 - L5, and L3 - L4 with a 5mm right broad base disc protrusion with moderate facet arthrosis; partial thickness surface tear supraspinatus tendon without retraction; bilateral knee patellofemoral pain; bilateral knee meniscal tear status post arthroscopy, resolved; and mild right compression of the median nerve at the carpal tunnel. Keratec was started on October 9, 2014. In a progress note dated December 5, 2014, the documentation indicates the injured worker has constant pain with a VAS pain scale 5/10. Similarly, in the February 15, 2014 progress note, the injured worker has persistent pain with a VAS pain scale of 5/10. The documentation does not contain evidence of objective functional improvement to support additional Keratec gel. Consequently, absent clinical documentation with objective functional improvement and persistent pain with the VAS pain scale of 5/10 in subsequent progress notes through and including December 5, 2014, Keratec gel is not medically necessary.