

<b>Case Number:</b>	CM15-0047225		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 20, 2004. In a utilization review report dated February 15, 2015, the claims administrator failed to approve a request for topical KERATEK Gel, a topical salicylate agent. The claims administrator referenced a January 16, 2015 RFA form and January 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a rheumatology consultation note dated October 11, 2014, the applicant reported ongoing complaints of neck, shoulder, and mid back pain with lower extremity paresthesias, depression, and global pain. The applicant was reportedly using Naprosyn, Motrin, and tramadol, it was acknowledged. On January 12, 2015, the applicant was given prescriptions for Ultram and KERATEK Gel. The request for KERATEK Gel was framed as a first-time request. Tramadol, conversely, was framed as a renewal request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective: Kera-Tek gel 4oz:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Yes, the request for KERATEK Gel, a salicylate topical, is medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates such as the KERATEK Gel in question are recommended in the chronic pain context present here. The request in question was seemingly framed as a first-time request for the same. Introduction of the same was indicated, given the applicant's seemingly poor response to earlier treatments. Therefore, the request is medically necessary.