

Case Number:	CM15-0053396		
Date Assigned:	03/26/2015	Date of Injury:	09/11/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: North Carolina
 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 53-year-old female who sustained an industrial injury on 9/11/14 when she grabbed for files that were falling. She experienced immediate pain in her left wrist. She had MRI and x-rays of the left wrist (no dates). She currently complains of bilateral shoulder and wrist pain, right knee and hip pain and low back pain on the right due to antalgic gait. Her pain intensity is 5-6/10. Medication is Kera-Tek analgesic, which takes the pain level down to 3/10. The medication allows her to do more activities of daily living. Diagnoses include right shoulder chronic rotator cuff syndrome; left shoulder partial rotator cuff tear; right wrist triangular fibrocartilage complex tear; left wrist pain; right knee meniscal tear status post arthroscopy; right knee post-traumatic osteoarthritis and sleep disorder. In the progress note dated 2/16/15 the treating provider's plan of care includes Kera-Tek analgesic gel as it does reduce her pain and increases her functionality in an attempt to keep her working.

IMR ISSUES, DECISIONS AND RATIONALES

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

KERATEK ANALGESIC 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states, "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004)." These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate (Colombo, 2006). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) (Argoff, 2006). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.