

Case Number:	CM15-0089615		
Date Assigned:	05/13/2015	Date of Injury:	10/18/2013
Decision Date:	06/25/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Emergency 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:

This is a 43 year old male with an October 18, 2013 date of injury. A progress note dated March 30, 2015 documents subjective findings (progressive right shoulder pain and lumbar spine pain), objective findings (tenderness about the right shoulder and lumbar spine), and current diagnoses (impingement syndrome of the right shoulder with rotator cuff tear; disc herniation of the lumbar spine). Treatments to date have included imaging studies, medications, injections and physical therapy. The treating physician documented a plan of care that included Keratek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel #113 4oz: 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, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page68-69.

Decision rationale: The requested Kera Tek gel #113 4oz, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The treating physician has documented subjective findings (progressive right shoulder pain and lumbar spine pain), objective findings (tenderness about the right shoulder and lumbar spine), and current diagnoses (impingement syndrome of the right shoulder with rotator cuff tear; disc herniation of the lumbar spine). The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Kera Tek gel #113 4oz is not medically necessary.