

Case Number:	CM14-0114526		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2012
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female with a date of injury of 08/01/2012. The listed diagnoses per Dr. [REDACTED] are: 1.Chronic cervical strain. 2.Chronic lumbar strain. 3.Right lower extremity radicular pain. 4.Right shoulder rotator cuff syndrome. 5.Bilateral hand and wrist numbness and pain. 6.Bilateral foot pain. 7.Bilateral carpal tunnel syndrome. 8.L4-L5 disk herniation with neuroforaminal stenosis. According to progress report 06/24/2014, the patient presents with neck, low back, bilateral wrist and hand pain. She rates her pain as 9/10 on a pain scale. She does get her medication from her pain management doctor. Treater states her pain is improved with rest. Examination of the cervical spine revealed tenderness noted on palpation over the paraspinals and trapezius muscles bilaterally with decreased range of motion. Examination of the lumbar spine revealed positive Kemp's test and straight leg raise test. Examination of the bilateral wrists revealed moderate decrease in range of motion and positive Phalen's and Tinel's sign bilaterally. There was decreased sensation of 4/5 at the median and ulnar nerve distributions bilaterally. The treater is requesting authorization for Keratek analgesic gel. Utilization review denied the request on 07/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brand name Kera-Tek analgesic gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Methyl Salicylate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: This patient presents with neck, low back, bilateral wrist and hand pain. The treater is requesting Keratek analgesic gel. Keratek is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Therefore, this request is not medically necessary.