

Case Number:	CM14-0126029		
Date Assigned:	08/13/2014	Date of Injury:	05/21/2011
Decision Date:	10/27/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 records, presented for review, indicate that this 38-year-old female was reportedly injured on May 21, 2011. The mechanism of injury was stated to be turning and twisting her right knee while on the stairs. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity and left knee pain. The physical examination demonstrated decreased lumbar spine range of motion with tenderness over the paraspinal muscles with spasms on the left side. There were a positive left sided Kemp's test and a positive left-sided straight leg raise test at 50°. Examination the left knee noted range of motion from 0 to 130°. There were tenderness of the medial and lateral joint lines and pain with patella femoral grind test. Quadriceps and hamstring strength was 5/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left knee surgery, a sleep study, and topical medications. A request had been made for Keratek topical cream and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel 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 Page(s): 111-112.

Decision rationale: Keratek gel is a compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Keratek analgesic gel is not medically necessary.

