

Case Number:	CM14-0126829		
Date Assigned:	08/13/2014	Date of Injury:	03/06/2003
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 61-year-old female who reported an injury of unknown mechanism on 03/06/2003. On 06/16/2014, her diagnoses included chronic cervical strain with residuals, chronic lumbar strain with residuals, bilateral shoulder strain, bilateral upper extremity radicular pain, bilateral carpal tunnel syndrome, bilateral knee repetitive strain secondary to cerebrovascular accident, history of stroke, multiple other nonmusculoskeletal complaints, right knee displaced and extruded medial meniscus tear, status post right knee arthroscopy, and partial meniscectomy. Her complaints included persistent neck and low back pain as well as bilateral shoulder and knee pain. Her medications included Tylenol #3 for her headaches and Clonazepam of unknown dosage for her anxiety as well as Temazepam, also of an unknown dose to help her sleep at bedtime. She was also using LidoPro topical ointment. The rationale for the requested Kera Tek gel is to further alleviate this worker's symptoms, restore activity levels, and aid in functional restoration. There was no request for authorization included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel: 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 Page(s): 111-113.

Decision rationale: The request for Kera Tek gel is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control. There is little to no research to support many of these agents. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. Kera Tek gel consists of menthol and methyl Salicylate. Methyl Salicylate has not been evaluated by the FDA for topical use in humans. The clinical information submitted failed to meet the evidence based guidelines for topical analgesics. Therefore, this request for Kera Tek gel is not medically necessary.