MAXIMUS Federal Services

Case Number:	CM14-0135515		
Date Assigned:	08/29/2014	Date of Injury:	03/18/2014
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

This is a patient with a date of injury of March 18, 2014. A June 12, 2014 progress report includes subjective complaints of continuous neck pain which radiates to the patient's shoulders rated as 8/10. The patient also has bilateral shoulder pain which radiates to his arms, hands, and fingers, wrist pain which radiates from the shoulders, low back pain which radiates to both legs, and bilateral knee pain. The notes indicate that medications help to temporarily alleviate the patient's pain. Physical examination reveals reduced range of motion in the cervical spine, right wrist, lumbar spine, and knees. Additionally, there is tenderness to palpation at numerous locations. Diagnoses include L3 lumbar compression fracture, cervical strain, bilateral shoulder strain, bilateral knee strain, and status post left knee arthroscopy. The treatment plan recommends an MRI of the cervical and lumbar spine, both shoulders, and continuing the use of tramadol. Additionally, Kera-Tek gel is recommended to "minimize his need for oral medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek analgesic gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Kera-tek gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Kera-tek gel is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Kera-tek gel is not medically necessary.