MAXIMUS Federal Services

Case Number:	CM14-0145976		
Date Assigned:	09/18/2014	Date of Injury:	08/28/2013
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 33 year old patient had a date of injury on 8/28/2013. The mechanism of injury was not noted. In a progress noted dated 8/19/2014, the patient complains of pain in her neck, low back and right knee with numbness to the right elbow wrist and hand. Her pain is 4 or 5/10 and is same since last visit. She takes Norco only on an as needed basis which helps her pain from a 5 to 3/10. On a physical exam dated 8/19/2014, there is limited range of motion in cervical spine and tenderness over trapezius and cervical paravertebral muscles bilaterally. The diagnostic impression shows sprains/strains other unspecified parts of back, headaches, lumbar strainTreatment to date: medication therapy, behavioral modificationA UR decision dated 8/29/2014 denied the request for Keratek Gel #120, stating guidelines do not recommend certification of preparations alone or in combination when preparations are not recommended for topical use. Transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial, stating that the patient had no further elbow pain after elbow surgery, and a TENS is indicated if there were chronic pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Gel, four (4) ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Keratek

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.The FDA state that Keratek is a combination of menthol and methyl salicylate for pain of muscles and joints. In the documentation provided, there was no discussion regarding failure of 1st line oral analgesics. Furthermore, there was no clear rationale provided regarding why this patient was not recommended over the counter formulations such Ben-Gay. Therefore, the request for Keratek Gel #120 was not medically necessary.

TENS Unit, 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In the 8/19/2014 progress report, there was no clear rationale regarding the medical necessity of TENs unit. The patient claims that the pain is made better with rest and medication, and is noted to be on Norco on as needed basis to control pain. Therefore, the request for TENS unit 30 day trial was not medically necessary.