

Case Number:	CM14-0146647		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2013
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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 61 year old with an injury date on 7/1/13. Patient complains of cervical pain radiating into bilateral shoulders, left > right, occasional wrist/hand/finger pain with numbness/tingling, and constant lower back pain radiating into bilateral legs, right > left with pain rated 6/10 per 4/4/14 report. As no progress reports included a diagnosis, the 9/9/14 application for independent medical review provided by [REDACTED] stated the primary diagnosis as disorder of burase and tendons in shoulder: rotator cuff syndrome, and utilization review letter of 9/5/14 added: 1. Lumbar s/s2. Cervical s/s3. Bilateral wrist strain4. Bilateral wrist tendinitis5. Right lumbar radiculopathyExam on 4/4/14 showed "C-spine range of motion limited, with flexion/extension reduced by 20 degrees. L-spine range of motion reduced by about 50%, and right lateral flexion is 5/25 degrees. [REDACTED] is requesting Kera-Tek gel. The utilization review determination being challenged is dated 9/5/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 4/4/14.

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 Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This patient presents with neck pain radiating into bilateral shoulders, bilateral wrist/hand pain, and lower back pain. The treating physician has asked for Kera-Tek gel. This contains Methyl Salicylate. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends NSAIDs for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. As the patient is not currently using Kera-Tek gel, a trial of Kera-Tek for patient's peripheral joint arthritis would appear reasonable. However, it is not clear that the patient presents with peripheral joint arthritis/tendinitis and the treating physician does not indicate what this product is going to be used for. There is also lack of discussion as to what other treatments that have been tried to address the patient's arthritic/tendinitis condition. Therefore, this request is not medically necessary.