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| Case Number: | CM14-0161025 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 06/16/2014 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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 Occupational Medicine 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 claimant was injured due to cumulative trauma from 08/01/00 through 06/16/14. Kera-Tek gel is under review. He injured his right shoulder doing repetitive movement at work and was diagnosed with a shoulder strain. An magnetic resonance imaging (MRI) dated 06/05/14 revealed osteoarthritic changes of the acromioclavicular joint with contact on the myotendinous junction of the supraspinatus, placing the patient at higher risk of impingement. There was also supraspinatus tendinopathy but no full-thickness rotator cuff tears. He tried Tylenol and ice packs with little relief. He had positive O'Brien's and Yergason's tests and signs of impingement. He had painful and limited range of motion. Spurling's sign was positive on the right side. He had reduced grip strength but his strength about the shoulder was intact. There were no neurologic deficits. He had mildly decreased range of motion of the right shoulder. Xrays were unremarkable. Diagnoses included shoulder sprain, cervical radiculitis, and median neuritis. He was given a gel ice pack and was advised to take acetaminophen. On 08/07/14, he was evaluated and reported frequent neck pain radiating to the shoulders and arms into his hands. He had numbness and tingling and weakness in his hands and arms. His pain increased with range of motion of the neck. He also had frequent pain in both shoulders radiating into his arms to the hands. He had frequent mid and low back pain. He had mildly decreased range of motion of the cervical spine with tenderness and hypertonicity. Shoulder depression test was positive bilaterally. Sensation was decreased on the right side at C6 and C7. Right shoulder range of motion was decreased and he had tenderness. Supraspinatus and impingement tests were positive on the right side. He was diagnosed with chronic right shoulder rotator cuff syndrome, chronic cervical strain, right upper extremity radicular pain, and chronic lumbar strain. He had been attending physical therapy. An MRI of the cervical spine was recommended. Kera-Tek gel

was ordered to help minimize his need for oral medications. Trials of other medications are not described. He was not using medications for pain on 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4oz, apply a thin layer to affected area two-three times daily as directed by physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Kera-Tek gel 4oz, apply a thin layer to affected area two-three times daily as directed by physician. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. On the date that this gel was prescribed, the claimant was not taking any other medications for pain and none were prescribed. Therefore, it is not clear why decreased use of oral medications was advised. The medical necessity of this request for the topical pain medication Kera-Tek gel 4 oz has not been clearly demonstrated.