MAXIMUS Federal Services

Case Number:	CM14-0161927		
Date Assigned:	10/07/2014	Date of Injury:	11/23/2011
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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, 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:

According to the records made available for review, this is a 59-year-old female with an 11/23/11 date of injury. At the time (9/11/14) of request for authorization for Kera-Tek analgesic gel, 4 oz, there is documentation of subjective (chronic persistent pain in the shoulders and hands with worsening paresthesia to the hands) and objective (decreased bilateral shoulder range of motion with positive impingement signs, tenderness over the acromioclavicular joints bilaterally, and decreased strength with flexion and abduction; bilateral wrist/hand decreased range of mtoin with positive Phalen's and Tinel's signs bilaterally, decreased sensation along the median nerve distribution as well as the ulnar nerve distribution, and decreased grip strength) findings, current diagnoses (left wrist carpal tunnel syndrome status post release, left hand thumb and middle finger trigger fingers status post release, right hand pain, bilateral chronic shoulder strain with rotator cuff syndrome, and rheumatoid arthritis), and treatment to date (ongoing therapy with Kera-Tek gel with decreased pain levels; Tramadol, and Naprosyn). There is no documentation that trials of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel, 4 oz: 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 Topical Analgesics Page(s): 111.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left wrist carpal tunnel syndrome status post release, left hand thumb and middle finger trigger fingers status post release, right hand pain, bilateral chronic shoulder strain with rotator cuff syndrome, and rheumatoid arthritis. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, despite documentation of ongoing treatment with Kera-Tek gel with decreased pain levels, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Kera-Tek gel. Therefore, based on guidelines and a review of the evidence, the request for Kera-Tek analgesic gel, 4 oz is not medically necessary.