

Case Number:	CM14-0165977		
Date Assigned:	10/13/2014	Date of Injury:	01/11/2009
Decision Date:	11/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 on 01/11/09. Kera-Tek gel is under review. She injured her left elbow, left shoulder, and neck when she tried to catch a pot that was falling. She is status post arthroscopic decompression of the left shoulder and has diagnoses of cervical strain and left elbow strain. She has had PT, cervical epidural steroid injection, cervical MRI, left shoulder MRI, and EMG of the upper extremities. Her shoulder surgery was on 03/01/13 and she had 24 sessions of postop PT approved through July 2013. A 30 day trial of TENS was approved. On 02/04/14, she was evaluated for persistent neck and left shoulder pain at level 6/10. Her shoulder pain was 4/10 and was frequent but improving. Her left elbow pain was 2/10 and occasional. She had decreased range of motion and tenderness with positive Spurling's about the cervical spine. She had decreased range of motion and tenderness with weakness about the shoulder. She had completed her physical therapy. Her medications included Tylenol No. 3. Kera-Tek gel was ordered. Additional PT was approved in 2013 and she attended 11 sessions in 2014. She was using Motrin. Previously, topical medication was not approved. On 03/16/14, she was taking Tylenol No. 3. Additional PT for the left shoulder as well as Kera-Tek analgesic gel were recommended. A TENS unit had been authorized since November 2013 but had not been received. On 04/30/14, she was using Tylenol 3 as needed at bedtime and Motrin and reported improvement in her pain from 9/10-4/10. There was some improvement with physical therapy. A compound cream was ordered. She was having some heartburn and Prilosec was prescribed. A TENS unit trial was again requested. On 06/10/14, she complained of persistent neck pain, left shoulder, left wrist, and hand pain. Her neck pain was frequent and level 5/10 and she thought it had improved. Her left shoulder pain was level 5/10. She had 5/10 pain in her wrist and hand and had completed 12 sessions of PT. She was improved with use of medication and physical therapy. She had decreased range of motion and tenderness about these

body parts. She had discontinued use of Motrin and was using Prilosec. Kera-Tek analgesic gel approval was pending. Additional physical therapy was recommended. On 07/18/14, she was not taking any medication. She had persistent frequent pain in her shoulder that was slightly improving. Her left wrist and hand pain was 3/10 and occasional. Kera-Tek analgesic gel had been recommended. Physical therapy was also pending. On 08/27/14, she also received Tylenol #3 and Motrin. She was evaluated on 09/30/14. She complained of cervical spine, left shoulder, left wrist, and left hand pain. Pain levels ranged from 2-4/10 and were better with therapy, rest, and medication. She was taking Tylenol No. 3 for higher level pain and Motrin that brought the pain from 8/10 down to 4-5/10. Physical examination revealed decreased range of motion of the cervical spine with tenderness and decreased strength. Left shoulder had decreased range of motion and painful arc of motion. She had decreased strength. There was decreased strength about the left elbow with swelling over the lateral epicondyle. She had decreased range of motion of the left wrist and decreased sensation in the median and ulnar distributions. She was continued Tylenol #3 and Motrin. She had sufficient medication.

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 Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Mason L et. al. Systematic review of efficacy of topical rubefecients containing salicylates for the treatment of acute and chronic pain. BMJ. 2004 Apr 24 www.dailymed.nlm.nih.gov

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, quantity and instructions unknown. 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 and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs. The claimant has been taking medications that relieve her pain and it is not clear what additional benefit is anticipated from the use of this type of gel. There is no evidence of trials and failure of other first line drugs, including acetaminophen, or trials of local modalities (ice/heat) and exercise. The medical necessity of this request for the topical pain medication Kera-Tek gel has not been clearly demonstrated.