

Case Number:	CM14-0176824		
Date Assigned:	10/30/2014	Date of Injury:	05/31/2013
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 35 year old female with date of injury 5/31/2013. The mechanism of injury is stated as overuse syndrome. The patient has complained of bilateral hand and wrist pain since the date of injury. She has been treated with steroid injection, acupuncture, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased range of motion of the bilateral wrists, decreased strength bilateral wrists. Diagnoses: bilateral arm overuse syndrome; bilateral carpal tunnel syndrome. Treatment plan and request: 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 apply to affected area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This 35 year old female has complained of bilateral hand and wrist pain since date of injury 5/31/2013. She has been treated with steroid injection, acupuncture, physical therapy and medications. The current request is for Kera-Tek gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and

when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Kera-Tek gel is not indicated as medically necessary.