

Case Number:	CM14-0212886		
Date Assigned:	12/30/2014	Date of Injury:	05/06/2011
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 63 year-old male with a 5/06/2011 date of injury. According to the 8/27/14 orthopedic report, the patient has injury to multiple body areas including the right wrist, right knee, and lumbar spine. He takes hydrocodone 5/300mg and occasional ibuprofen and continues to work full duty. Ibuprofen upsets his stomach so he does not take it regularly. He is reported to have benefit with the Kera-Tek On 11/24/2014 utilization review denied Kera-Tek gel because the reporting did not show objective findings in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera- Tek gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: The physician has requested Kera-Tek gel. Kera-Tek Gel is a compounded topical with Methyl salicylate 28g in 100g and Menthol 16g in 100g MTUS chronic pain medical

treatment guidelines, pg 105, for Salicylate topicals states:Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded. The patient is reported to have chronic pain, in multiple body regions, including low back, right wrist and right knee. He has been able to continue working full duty with use of hydrocodone, ibuprofen prn, and Kera-Tek gel. The request is in accordance with MTUS guidelines. The request for Kera-Tek gel IS medically necessary.