

Case Number:	CM15-0016762		
Date Assigned:	02/05/2015	Date of Injury:	04/07/2014
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 injured worker is a 57 year old male, who sustained an industrial injury on 4/7/2014. The diagnoses have included chronic lumbar strain, left glenohumeral dislocation with fracture, status post open reduction internal fixation left proximal humeral, arthrofibrosis and adhesive capsulitis left shoulder and compensatory right shoulder pain. Treatment to date has included shoulder surgery, physical therapy and pain medications. According to the Primary Treating Physician's Progress Report dated 12/4/2014, the injured worker complained of frequent neck pain that radiated into his shoulders, arms, hands and fingers. He reported numbness and tingling in the forearms. He complained of headaches. The injured worker complained of constant pain in the left shoulder along with swelling, numbness, tingling and burning sensations. The injured worker complained of occasional pain in the right shoulder. The injured worker also complained of constant pain in the left elbow and the left wrist/hand. He also complained of frequent pain in the upper, mid and lower back. Physical exam revealed tenderness to palpation over the cervical and lumbar spine. Exam of the left shoulder revealed tenderness and hypertonicity. X-ray of the left shoulder from 12/4/2014 showed end stage bone on bone glenohumeral arthritis. Authorization was requested for Kera-Tek gel to help minimize his need for oral medications. On 1/2/2015, Utilization Review (UR) non-certified a Kera-Tek Gel Type: Analgesic Route; Topical. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel type; Topical Analgesic Route; Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages 111-113..

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." Kera-Tek gel contains Menthol and Methylsalicylate and is a topical analgesic. There is no compelling indication that that has been presented why this topical analgesic is medically necessary. This patient is also able to swallow oral medications. Likewise, this request is not considered medically necessary.