

Case Number:	CM15-0115631		
Date Assigned:	06/23/2015	Date of Injury:	03/10/2014
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 59-year-old female who sustained an industrial injury on 03/10/2014. Diagnoses include right and left ulnar nerve compression at the wrist, bilateral arm overuse syndrome, ulnar neuropathy likely at the tunnel of Guyon and cervical spine sprain/strain. Treatment to date has included topical medications, occupational therapy and chiropractic treatment. Nerve conduction velocity (NCV) studies on 4/29/14 were normal; electromyography (EMG) findings on 5/21/14 were unclear due to abnormalities in the right ulnar innervated muscles of the hand with normal NCV studies and incomplete testing due to the IW's inability to tolerate testing. Bilateral wrist x-rays on 6/27/14 noted only brachymetatarsia of the third and fourth metatarsals bilaterally. According to the progress notes dated 5/8/15, the IW reported persistent pain in the bilateral wrists and hands rated 4-5/10 described as constant with weakness and numbness. She also reported dropping objects if she is not concentrating. She complained of constant cervical spine pain rated 6/10. On examination of the bilateral wrists, range of motion was decreased; Phalen's test was positive and Tinel's test was positive on the right. A request was made for Kera-Tek analgesic gel 4 oz. for treatment of pain, as the IW did not take any oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Kera-Tek analgesic gel 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topical analgesic Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate topicals, Topical analgesics.

Decision rationale: Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "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 medical documents do not support the use of this topical compound agent. As such, the request for One Kera-Tek analgesic gel 4 oz is not medically necessary.