

Case Number:	CM15-0063371		
Date Assigned:	05/08/2015	Date of Injury:	07/15/2014
Decision Date:	06/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: Arizona, California
 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 45 year old female, who sustained an industrial injury on 07/15/2014. The initial complaints or symptoms included neck, right shoulder, right hand and right upper extremity pain due to cumulative trauma. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electro diagnostic testing, and conservative therapies. Currently, the injured worker complains of occasional neck pain, constant fatigue and weakness in the right shoulder and elbow, and constant pain in the right hand and wrist with numbness and tingling. The injured worker's medication regimen consisted of Aleve. The diagnoses include mild right carpal tunnel syndrome, right shoulder rotator cuff syndrome - rule out tear, chronic cervical strain/sprain - rule out disc herniation, and right hand weakness. The request for authorization included Kera-Tek analgesic 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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Kera-Tek is contains a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the claimant had been on oral NSAID. Topical NSAID can reach systemic levels similar to oral NSAID. There is no indication for combining the two and the claimant was not diagnosed with arthritis. Continued use of KeraTek is not medically necessary.