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| Case Number: | CM15-0064780 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 05/12/2010 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 12, 2010. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for Keratek analgesic gel. The claims administrator referenced progress notes of March 12, 2015 and March 11, 2015 in its determination. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant reported ongoing complaints of shoulder pain status post multiple shoulder surgeries. Physical therapy, MR arthrography of the shoulder, and a rather proscriptive 10-pound lifting limitation were endorsed. It was not clearly established whether the applicant was or was not working with limitations in place, although this did not appear to be the case. The applicant was using Ultracet for pain relief. The applicant reported some dyspepsia with the same. In a March 18, 2015 RFA form, Keratek analgesic gel was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105. Decision based on Non-MTUS Citation Search ResultsDailyMed - KERATEK- menthol and methyl salicylate dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5527b965-615b. For external use only - Do not use on wounds of damaged skin or with a heating pad or on a child under 12 years of age with arthritis-like conditions. Ask doctor.

Decision rationale: Yes, the request for Keratek gel was medically necessary, medically appropriate, and indicated here. Keratek, per the National Library of Medicine (NLM), is a salicylate topical. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines notes that salicylate topicals are recommended in the chronic pain context present here. The request in question was seemingly a first-time request for the same, initiated after the applicant had developed dyspepsia with other medications, including Ultracet. Introduction of the same was indicated on or around the date in question. Therefore, the request was medically necessary.