

Case Number:	CM15-0065523		
Date Assigned:	04/13/2015	Date of Injury:	01/03/2014
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
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: North Carolina
 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 39 year old female who sustained an industrial injury on 01/03/2014. Diagnoses include chronic cervical strain, right chronic trapezial strain, right shoulder partial rotator cuff tear, and right hand sprain/strain. Treatment to date has included diagnostic studies, medications, acupuncture, and physical therapy. A physician progress note dated 02/25/2015 documents the injured worker complains of cervical spine, right shoulder, right wrist and right hand pain. She rates her pain as a 7 out of 10 and it is frequent. Her right shoulder and right wrist and hand pain is rated an 8 out of 10 and it is slightly improved with physical therapy. She only uses the Kera-Tek gel which helps her pain from 8 out of 10 to a 4-5 out of 10. She does not like to take oral medications due to the potential adverse reactions. Her cervical spine has decreased range of motion and there is tenderness over the paraspinals. Spurling's was positive on the right. Her right shoulder has increased range of motion with flexion to 100 degrees, abduction 90 degrees and internal and external rotation is 40 degrees. The right wrist has full range of motion and was tender to palpation over the dorsal compartment. Her hand has full range of motion and is tender to palpation. Her treatment plan is for additional course of physical therapy, and pending request for occupational therapy to the cervical spine. Treatment requested is for Kera-Tek analgesic gel 4 ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.