

Case Number:	CM15-0075766		
Date Assigned:	04/27/2015	Date of Injury:	08/29/2013
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male who sustained an industrial injury on 08/29/13. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, and radiofrequency ablation. Diagnostic studies include nerve conduction studies. Current complaints include numbness in the upper back. Current diagnoses include cervical facet arthropathy, myofascial pain, right radial neuropathy, bilateral carpal tunnel syndrome, bilateral acromioclavicular joint arthritis and impingement, bilateral ulnar neuropathy, depression, cervicogenic and post-concussion headaches, temporomandibular joint disorder, and occipital neuralgia. In a progress note dated 02/18/15 the treating provider reports the plan of care as acupuncture, as well as Elavil, Lyrica, and Lidoderm patches. The requested treatment is Triple K gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple K Topical Gel 6%: Potassium Nitrate, Potassium Citrate, Potassium Chloride:
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): 111-112.

Decision rationale: Triple K Topical Gel 6%: Potassium Nitrate, Citrate and Chloride is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. There is no documentation of physical findings or diagnostic imaging confirming the diagnosis of neuropathic pain; therefore, the requested medication is not medically necessary.