MAXIMUS Federal Services

Case Number:	CM15-0078384		
Date Assigned:	04/29/2015	Date of Injury:	08/13/2014
Decision Date:	05/26/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 29 year old male with an industrial injury dated 01/29/2015. His diagnoses included blunt head trauma, cervical strain, rule out cervical disc herniation and left upper extremity radicular pain. Prior treatment included diagnostics, medications and physical therapy. He presents on 01/29/2015 with complaints of headaches, neck pain, left shoulder pain and upper and mid back pain. Examination of the cervical spine revealed decreased range of motion. Palpation of the thoracic paravertebral muscle revealed tenderness bilaterally. The plan of treatment consisted of diagnostic studies, neurologic consultation and Kera-Tek gel for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel: Upheld

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 and Topical analgesics Page(s): 105 and 111-113.

Decision rationale: Kera Tek gel is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Keratek is a compounded gel that contains methyl salicylate and menthol. These are the same ingredients contained in ultra strength Ben Gay. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation is not clear on why the patient cannot take over the counter Ben Gay rather than this prescription strength. There is no documentation that he has failed oral antidepressants or anticonvulsants. The request for Keratek gel does not indicate a quantity. For all of these reasons Kera Tek gel is not medically necessary.