

Case Number:	CM14-0156220		
Date Assigned:	09/25/2014	Date of Injury:	07/15/2011
Decision Date:	11/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female with a date of injury on July 15, 2011. The injured worker is being seen by the treating physician for periodic evaluation and treatment. On February 22, 2014, the injured worker complained of persistent neck and back pain as well as pain in her left shoulder with intensity of 8/10 that radiated to her left arm extending to her fingers with associated numbness and tingling sensation. Her medications included tramadol and Robaxin. An examination of the cervical spine revealed significant decrease in range of motion, tenderness over the trapezius and paraspinal muscles, positive Spurling's test on the left side, positive cervical Compression test, as well as decreased strength and diminished sensation of the left C5, C6, C7 and C8 nerve roots. A left shoulder examination demonstrated reduced strength with flexion and abduction as well as tenderness over the subscapular region and left paraspinal muscles of the thoracic spine. She returned on March 17, 2014 with same complaints. She reported that her medications made her feel just not right and the six sessions of physical therapy helped increase her range of motion. Examination findings in the cervical spine and left shoulder were unchanged. Thoracic spine examination revealed tenderness over the paraspinals from left T1 to T4 levels. The injured worker was seen for qualified medical reevaluation and he determined that the injured worker had significant problems despite appropriate conservative care to date and had not attained maximum medical improvement. The injured worker returned on May 12, 2014 with complaints of pain in her cervical and thoracic spine as well as left shoulder. An examination of the cervical spine revealed limited range of motion, tenderness over the trapezius and paravertebrals, positive shoulder depression, cervical Compression, and left Spurling's tests, as well as decreased strength and diminished sensation of the left C5, C6, C7 and C8 nerve roots. Thoracic spine examination revealed tenderness over the paraspinals, left side greater than the right side. Left shoulder examination demonstrated restricted range of

motion, painful arc over 135 degrees, decreased strength with flexion and abduction as well as tenderness over the acromioclavicular joint. In her follow-up visit on June 12, 2014, the injured worker complained of pain level of 8/10 in her cervical, thoracic and lumbar spine as well as left shoulder and left upper extremity. Her medications included Ultram half tablet a day and Robaxin once a day, and Advil. She reported improvement in her pain with rest, pills, creams, position and therapy. Cervical spine examination demonstrated tenderness over the midline and paraspinal musculature as well as hypertonicity over the trapezius and levator. She was reevaluated on July 21, 2014 and reported same pain level of 8/10 that was reduced to a level of 6/10 with use of Kera-Tek analgesic gel. She also reported that Naproxen reduced her pain to 5/10. An examination of the cervical spine revealed limited range of motion with tenderness over the paraspinals and hypertonicity over the trapezius, as well as decreased strength and diminished sensation of the left C5, C6, C7 and C8 nerve roots. Thoracic spine examination revealed hypertonicity more prominent on the left side, and tenderness over the paraspinals with decreased range of motion. An examination of the shoulders showed slightly decreased range of motion secondary to tightness of the trapezius and paraspinals of the thoracic spine. On August 5, 2014, the injured worker was examined for neurosurgical evaluation. Her medications included alprazolam, buspirone, chlorpheniramine, cholecalciferol, flunisolide, gabapentin, glatiramer acetate, hyoscyamine, methocarbamol, modafinil, naproxen, and omeprazole. A neurological examination did not demonstrate any abnormal findings.

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 oz (Menthol 16%/Methyl salicylate 28%) for the cervical and thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112, 113.

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

Decision rationale: According to progress report dated July 21, 2014, Kera-Tek was prescribed since the injured worker had gastrointestinal issues and adverse reactions to medications in the past. Moreover, it should be noted that the injured worker is taking several medications and is limiting use of oral medications to minimize effects; therefore, use of topical medication is reasonably indicated. The California Medical Treatment Utilization Schedule (MTUS) specified that topical analgesics are applied to locally painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. It should be noted that the injured worker has had optimal pain relief with its use. Use of this topical medication contributed to the reduction of the severity of the injured worker's pain from 8/10 to 6/10. Therefore, with adequate response with its use, continued use is supported. The California Medical Treatment Utilization Schedule (MTUS) notes that the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side-effects. The reviewing physician rationalized that Keratek is a salicylate compound. While salicylate is supported, it is available over the counter.

