

<b>Case Number:</b>	CM14-0003094		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 57-year-old who reported an injury on January 10, 2011. The mechanism of injury was not stated. Current diagnoses include pain in a joint of the forearm, pain in a joint of the upper arm, carpal tunnel syndrome, and degeneration of the lumbar or lumbosacral disc. The injured worker was evaluated on December 11, 2013. The injured worker reported persistent left elbow pain. The injured worker was status post carpal tunnel release. Current medications include ketamine 5% cream. Physical examination revealed tenderness to palpation and mild edema in the right wrist/hand, presence of a small firm mass in the dorsal right wrist, tenderness to palpation of the left elbow, and painful flexion and extension of the left elbow. Treatment recommendations at that time included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KERATIN 5% CREAM 60GR:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Keratin 5% cream is not listed in this injured worker's current medication profile. There is also no frequency listed in the current request. The request for Keratin 5% cream, 60 grams, is not medically necessary or appropriate.