

<b>Case Number:</b>	CM14-0103751		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

Patient is a 60 year old female with a 08/11/05 date of injury 07/07/14 progress report states the patient complains of persistent pain neck, back, bilateral shoulders, lateral elbows and bilateral wrist, at 9/10. Her pain is frequent and has remained unchanged since last visit, left elbow worsening. The pain improved with heat therapy and medication. Tramadol decreases her pain from 9/10 to 2/10 allowing ADLs around the house for 40 as opposed to 20 minutes. Objectively decreased range of motion of cervical spine with tenderness to the paraspinal and trapezius muscles, hypertonicity over bilateral triceps. Decreased range of motion of lumbar spine with tenderness to the paraspinal, decreased strength 4/5 at L4 and S1 with normal sensation and reflexes. Decreased range of motion of bilateral shoulders, positive Neer's and Hawkins impingement signs bilaterally. Painful arc over 135 degrees bilaterally. AC joint tenderness bilaterally. Left elbow slightly decreased range of motion with tenderness over the lateral and medial epicondyles, decreased strength at 4/5 with flexion and extension. Diagnoses: chronic cervical and lumbar strain, right shoulder rotator cuff syndrome, sprain/strain, bilateral elbow lateral epicondylitis status post right elbow release, bilateral carpal tunnel syndrome, status post carpal tunnel release, bilateral knee chronic strain. Treatment plan states physical therapy for shoulders, cervical and lumbar spine; bilateral elbow sleeve; trial of a TENS unit. The request is for topical salicylate Kera-Tek gel, prescribed for bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek gel 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Methyl Salicylate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105 of 127.

**Decision rationale:** Although the guidelines support the topical use of methyl salicylates for chronic pain, the medical necessity for a specific brand name has not been established, as it has the same formulation as over-the counter products, such as Ben-Gay. Records indicate that the patient also takes tramadol. It is not clear where exactly the patient uses this topical cream, whether there is any local pain relief or reduction in oral narcotic use. Therefore, this request is not medically necessary.