

<b>Case Number:</b>	CM14-0114393		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 and Oklahoma. 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 56-year-old male who reported an injury on 03/18/2014. The mechanism of injury was a fall. The diagnoses included lumbar compression fracture, cervical strain, bilateral shoulder strain, bilateral knee strain, status post prior left knee arthroscopy. His treatments included x-rays and medication. Within the clinical note dated 06/12/2014, it was reported the injured worker complained of neck pain which radiated to his shoulders. He rated his pain 8/10 in severity. The injured worker complained of bilateral shoulder pain which radiated to his neck and arms and hands, finger level. He rated his pain 8/10 in severity. He complained of right wrist pain, which radiated to his shoulders. He rated his pain 7/10 in severity. He complained of continuous low back pain which radiated to both legs, left foot level. He rated his pain 9/10 in severity. He complained of bilateral knee pain, right greater than left, radiating to both hips. He rated his pain 6/10 in severity. The injured worker reported having swelling, weakness, and a giving away sensation. Upon the physical examination of the cervical spine, the injured worker noted tenderness and hypertonicity on the right and tenderness on the left. Upon examination of the shoulders, the provider noted tenderness to palpation of the trapezius muscles. The provider indicated the injured worker's lumbar spine had tenderness to palpation of the left lumbar paraspinal muscles. The provider requested Keratek, unknown specific dosage or quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keratek Unknown Specific Dosage or Quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Low Back Chapter, Integrated Treatment / Disability Duration Guidelines Pain (Chronic), Salicylate Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines note topical NSAIDS are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDS are recommended for short term use of 4-12 weeks. There is little evidence to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip, or shoulder. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request is not medically necessary or appropriate.