

<b>Case Number:</b>	CM14-0150573		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 New York. 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 53 year old male presenting with a history of a work related accident that occurred on 3/1/2013. He was rolling out material and injured his right shoulder. His shoulder pain persisted, despite a course of conservative treatment. A magnetic resonance imaging scan of the right shoulder revealed a torn rotator cuff. He underwent arthroscopic rotator cuff repair on 9/23/13. Post-operation, he had continued right shoulder pain and stiffness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesics:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic),

**Decision rationale:** Official Disability Guidelines state that topical analgesics such as Kera-Tek have few randomized controlled trials to determine efficacy or safety. The guideline further states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This injured worker was not diagnosed with

neuropathic pain. In addition, the Medical Treatment Utilization Schedule guidelines state that there is little to no research to support the use of topical analgesics. Therefore, the requested Kera-Tek topical analgesic gel would not be considered medically necessary.