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| <b>Case Number:</b>   | CM14-0166843 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 12/22/2013 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 09/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 12/22/2013. He was diagnosed with pain in joint pelvic region and thigh, enthesopathy of hip region, closed fracture of trochanteric section of femur, and left trochanteric bursitis. He was treated with crutches, NSAIDs, opioids, physical therapy, and TENS unit. On 7/21/2014, the worker was seen by his orthopedic surgeon complaining of bilateral hip pain rated at 6-7/10 on the pain scale and with Norco and ibuprofen use, rates his pain level at 4-5/10 on the pain scale. Physical findings included tenderness over the iliac crest and positive Patrick's test on the left. He was then recommended a topical analgesic (diclofenac/lidocaine). A request for physical therapy was pending at the time. Later, on 8/18/2014, the worker was seen again by his surgeon reporting the same pain (primarily left hip with radiation to left leg and across back) without change. There was no change in his physical examination. He was then recommended to start Kera-tek gel (which was previously requested for approval) in combination with the diclofenac/lidocaine in order to help reduce his Norco and ibuprofen use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek Analgesic gel 4oz:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Kera-tek is a combination topical analgesic product which contains methyl salicylate and menthol as its active ingredients. The MTUS Chronic Pain Treatment Guidelines state that salicylate topicals are significantly better than placebo in chronic pain, and are generally considered safe considering alternative topical medications. In order to justify continuation of a topical salicylate product, however, there needs to be documented evidence of functional improvement with its use. In the case of this worker, based on the objective evidence, the exact source of his pain was not clearly designated, although there was a positive Faber's test suggesting hip joint pain morphology, which would not be helped by a topical agent such as Kera-tek, in the opinion of the reviewer. Although tenderness superficial to the iliac crest suggests muscle strain, possibly indirectly related to the hip pain, may be helped by the topical agent. Considering muscle strain as the cause of his low back pain, a trial of Kera-tek seems reasonable in this case. However, as stated above, in order to justify continuation of this product in the future, clear documentation of benefit is required.

**Diolofenso/Lidocaine cream (3%/5%) 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker who was taking ibuprofen and Norco as his primary pain-reliever medications, the intention of these topical analgesics was to be able to reduce these oral medications, according to the notes provided for review. However, there is no need to add on a topical NSAID without also reducing the oral dose, in order to abate side effects

related to higher doses of NSAIDs. Also, there is no documented evidence from physical findings or imaging which confirms current neuropathy in order to justify starting topical lidocaine. Also, if there is neuropathy, in reality, there was no evidence of a trial of first-line therapies failed before consideration of lidocaine. Therefore, the diclofenac/lidocaine topical gel is not medically necessary or appropriate for this worker.