

<b>Case Number:</b>	CM14-0178082		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal 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:

The patient is an injured worker with the diagnoses of bilateral lateral epicondylitis, left wrist, flexor tendinitis, low back pain, left knee pain, and bilateral plantar fasciitis. Date of injury was 12/11/12. Orthopedic surgery agreed medical reevaluation report dated October 10, 2014 documented a history of upper extremities and feet conditions. Subjective complaints were documented. The patient continues to have pain in both elbows, wrists and feet. He continues to have pain in the low back and both feet. In addition, he has been having pain and swelling in the left knee. He is currently taking muscle relaxant medication and Motrin as needed. He has a history of acid reflux. He is taking muscle relaxant medication and Motrin as needed. Present complaints were documented. He experiences pain in the bilateral elbows that comes and goes, greater on the right side. The pain increases with flexing, extending, grabbing repetitive arm movement, pushing, pulling and lifting more than 10 pounds. There is radiating pain from the elbow into the shoulders. He notes that does have pain in both wrists all the time, greater on the right side. The pain increases with grasping, torquing motions, fine finger manipulation, pushing, pulling and lifting more than 10 pounds. He does have numbness and tingling in both hands and little fingers. He notes lack of strength in both hands. He experiences pain in the low back all the time and varies in intensity. The pain increases with prolonged standing or walking, going up an down stairs, going from a seated position to a standing position, bending, stooping, squatting, pushing, pulling and lifting more than 10 pounds. There is radiating pain from the low back into the right hip to the right leg to the heel that comes and goes, accompanied by numbness and tingling. He experiences pain in the bilateral feet all the time which varies in intensity. There is occasional pain in the ankles. There pain increases with flexing, extending, prolonged standing or walking, going up and down stairs, bending, stooping, squatting and kneeling. There is numbness and tingling in his feet all the time. He experiences pain in the left knee, which he

feels is due to wobbling as he walks due to his feet symptoms. He also feels swelling in the left knee. Physical examination was documented. Blood pressure was 141/78. Weight was 254 Pounds. Height was 70 inches. He was not using any canes or walking aids. His gait is antalgic due to heel pain. He walks with a side-to-side rocking motion favoring the right foot more than the left. There are no signs of a foot drop. Examination of the elbows shows mild tenderness over the right lateral epicondyle and moderate tenderness over the left lateral epicondyles. There is a healed cochlear incision over the right lateral epicondyle. There is full range of motion of both elbows with some pain in the left elbow with pronation and supination. There is a negative Tinel's sign bilaterally over the cubital tunnel. Examination of the left hand shows tenderness with percussion of the flexor tendons. There is a negative Tinel's sign over the carpal tunnel and a negative Phalen's test. Sensation is normal in the distribution of the radial, ulnar and median nerves. There is no first dorsal interosseous muscle atrophy. Examination of the right wrist shows a healed carpal tunnel incision. There is a negative Tinel's sign. Examination of the lumbar spine shows tenderness with associated muscle spasm and guarding. There is decreased range of motion of the lumbar spine. Straight leg raising sign is negative bilaterally. Comprehensive sensory examination of the lower extremities shows a normal dermatomal pattern to pinprick and deep touch. Examination of the feet shows moderate tenderness over the origin of the right plantar fascia and mild tenderness over the origin of the left plantar fascia. Examination of the left knee shows tenderness along the medial joint line along the tibial tubercle. There is slightly decreased range of motion. There is diffuse swelling of the knee but no effusion. Diagnoses were bilateral lateral epicondylitis, left wrist, flexor tendinitis, low back pain, left knee pain, and bilateral plantar fasciitis. Treatment plan included physical therapy and medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kera-Tek Analgesic Gel (Menthol 16% Topical analgesic. Methyl Salicylate 28%) 4 oz, Quantity 1, Refill 0 for the management of symptoms related to right elbow, bilateral feet injury:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113; 67-63.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their

effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which is recommended for NSAID use per MTUS. Blood pressure was 141/78 on October 10, 2014. Weight was 254 Pounds. Height was 70 inches. Per MTUS, NSAIDs have the associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. The patient has a history of acid reflux. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The patient is using oral Motrin which is an NSAID. A topical NSAID would be redundant. Keratek is a topical product containing menthol and methyl salicylate, which is an NSAID. The medical records and MTUS guidelines do not support the use of a topical NSAID. The use of Keratek topical gel is not supported by medical records and MTUS guidelines. Therefore, the request for Kera-Tek Analgesic Gel (Menthol 16% Topical analgesic. Methyl Salicyclate 28%) 4 oz, Quantity 1, Refill 0 for the management of symptoms related to right elbow, bilateral feet injury is not medically necessary.