

<b>Case Number:</b>	CM14-0181425		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 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 injured worker is a 58-year-old who reported an injury on 06/06/2013. The mechanism of injury was from cumulative trauma. Her diagnoses were noted to include right lateral epicondylitis, bilateral carpal tunnel syndrome, right shoulder rotator cuff syndrome, bilateral upper extremity overuse syndrome and myofascial pain, fibromyalgia, and bilateral hip pain. Her past treatments included physical therapy, surgery, and medications to include gabapentin and Cymbalta, which she stated did not relieve her symptoms. On 10/01/2014, the injured worker was noted to have pain to her neck that she rated 3/10, pain to her right shoulder that she rated 5/10, and pain to her right wrist and hand which she rated 3/10. She noted that the Kera-Tek analgesic gel decreases her pain from 3/10 to 1/10. Upon physical examination, the injured worker was noted to have tenderness to palpation over the paravertebral muscles, right shoulder, and bilateral hands and wrists. Her medications were noted to include Kera-Tek analgesic gel. The treatment plan was noted to include physical therapy and Kera-Tek analgesic gel. A request was received for Kera-Tek gel to increase her function and decrease her pain. The Request for Authorization was signed 10/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105;111.

**Decision rationale:** The request for Kera-Tek gel is not medically necessary. According to the California MTUS Guidelines topical analgesics are recommended for neuropathic pain after a trial of antidepressants and anticonvulsants have failed. The guidelines also state that when one medication in a compound is not recommended the entire compound is then not recommended. Kera-Tek gel is composed of Menthol 16% and Methyl Salicylate 28%. The guidelines also state that salicylate topicals are recommended as they work significantly better than placebo in chronic pain conditions. The injured worker was noted to have radiating pain from her neck to her right upper extremity. She was also noted to have tried Gabapentin and Cymbalta for pain; though, its use did not provide pain relief. The clinical documentation provided is supported by the evidence based guidelines. However, the request did not specify the duration, frequency, or body region the medication was to be applied. As such, the request is not medically necessary.