

<b>Case Number:</b>	CM14-0022512		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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:

This injured worker's date of injury is 03/06/2103. The patient is receiving treatment for chronic left shoulder pain. The patient had a left shoulder arthroscopy and Bankart repair procedure with partial synovectomy on 01/06/2014. The patient attended physical therapy session after the surgery as advised. The treating physician documents in his note dated 01/16/2014 that the patient complains of ongoing left shoulder pain in the shoulder blade region. On exam there is decreased strength in rotation and there is tenderness posteriorly on the left shoulder. The pain rating is 4/10. The treating physician is requesting Keratek gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **KERATEK GEL 10/3MG FOR THE LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** This patient is receiving treatment for chronic left shoulder pain which is persisting after left shoulder surgery. Keratek gel is a compounded topical medication available over the counter. The manufacturer states that it can be used for "the temporary relief of minor

aches and pains of muscles and joints." The gel contains menthol and methyl Salicylate. Menthol is a topical irritant and methyl Salicylate is a topical analgesic. Using compounded topical analgesics to treat chronic pain is considered experimental because, currently, there are no controlled, prospective clinical trials to show that they are either effective or safe compared to standard medical therapy for chronic musculoskeletal pain. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Currently there is no clear evidence to recommend using topical salicylates, an NSAID. The request for Keratek gel is not medically necessary.