

<b>Case Number:</b>	CM14-0024402		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, has a subspecialty in Pulmonary Diseases 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 62-year-old female who reported an injury on 12/16/2008 who injured her right shoulder and wrist preventing a client from falling at work. The injured worker had an MRI of the right shoulder on 03/04/2009. On 04/19/2011 the injured worker had a limited glenohumeral debridement. It was also documented the injured worker had 2 arthroscopic surgeries of the right shoulder. On 09/11/09 the injured worker had subacromial decompression, distal clavicle resection, arthroscopy, lysis of adhesions, manipulation under anesthesia and limited synovectomy. The injured worker complained of continued pain in her right shoulder and right her wrist was achy with swelling. On 02/07/2014 the injured worker abduction was 45 degrees and internal rotation was 40 degrees of the right shoulder. The injured worker medication included Keratek Gel. The injured worker diagnoses included internal derangement of the right shoulder, status post subacromial decompression of the right shoulder and a Mumford procedure, cubital carpal tunnel syndrome of the right elbow and carpal tunnel syndrome of the right wrist. It is noted the injured worker had not attended any physical therapy. There was no visual analog scale (VAS) measurements noted on the physical examination. The treatment plan includes the injured worker to apply a thin layer of Keratek (Methyl Salicylate 28% Menthol 16%) gel to painful areas 2-3 times a day. The request for this authorization was not submitted with this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KERATEK GEL (METHYL SALICYLATE 28%, MENTHOL 16%) 4OZ BETWEEN 2/11/2014 AND 3/28/2014: 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 Page(s): 111-113.

**Decision rationale:** The request for the Keratek (Methyl Salicylate 28%, Menthol 16%) 4oz is not medically necessary. The injured worker diagnoses included internal derangement of the right shoulder, status post subacromial decompression of the right shoulder and a Mumford procedure, cubital carpal tunnel syndrome of the right elbow and carpal tunnel syndrome of the right wrist. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Keratek Gel contains Methyl Salicylate 28% and Menthol 16%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Keratek Gel would be applied. As Keratek Gel contains methyl salicylate and menthol, which is not recommended, the proposed compounded product is not recommended. As such, the request for the Keratek Gel ointment is not medically necessary.