

<b>Case Number:</b>	CM14-0031852		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 30 -year-old with a reported date of injury of 12/17/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include left wrist tendinitis, DeQuervain's tenosynovitis in the left thumb, and bilateral feet bunions and pain. His previous treatments were noted to include therapy, activity restrictions, medications, and home exercise. The progress note dated 02/04/2014 reported the injured worker complained of bilateral wrist pain, left worse than the right, and bilateral feet pain. The physical examination revealed the injured worker was positive for weakness, rashes, itching, hay fever, bleeding, swelling, calf pain with walking, muscle or joint pain, back pain, and swelling of the joints. The injured worker was also positive for numbness, weakness, heat or cold intolerance, frequent urination, nervousness and stress. The examination of the right wrist revealed decreased range of motion with flexion of 50 degrees, extension of 50 degrees, and radial deviation 20 degrees and ulnar deviation of 25 degrees. The examination of the left wrist revealed flexion of 50 degrees, extension of 45 degrees, radial deviation of 15 degrees, and ulnar deviation of 20 degrees. There was a positive Finklestein's sign to the left wrist and a decreased sensation rated 4/5. The examination of the bilateral feet and ankles revealed full range of motion, but there was tenderness to the 1st metatarsal joint bilaterally and bunions bilaterally. The Request for Authorization form dated 02/20/2014 is for kera-tek gel to maintain painful symptoms and restore activity levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek gel 4oz (apply a thin layer to affected area 2-3 times daily):** Overturned

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

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

**Decision rationale:** The injured worker is intolerant to other treatments including therapy, activity restrictions, medications as well as home exercise and remains significantly symptomatic. The California Chronic Pain Medical Treatment guidelines state topical salicylates are significantly better than placebo in chronic pain. Therefore, since the guidelines recommend topical salicylates, the Kera-tek gel is warranted. As such, the request is medically necessary.