

<b>Case Number:</b>	CM14-0035354		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine & 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 patient is a 36 year old female who was injured on 06/15/2010 with an unknown mechanism of injury. Prior medication history included Flexeril and Tylenol. Progress report dated 02/15/2014 indicates the patient presented with persistent neck pain, back pain, shoulder pain and bilateral knee pain rated at 7-8/10. She was taking Flexeril and Tylenol #3 for pain which helped with her pain from an 8/10 to 4/10. On exam, the cervical spine revealed decreased range of motion with flexion of 45 degrees; extension of 50 degrees; right and left rotation of 65 degrees; right and left lateral flexion of 30 degrees. She had tenderness of the paraspinal and trapezius muscles, right greater than the left. There was positive shoulder depression on the right. Spurling's was positive on the right. There was decreased strength and sensation at 4/6 bilaterally. Deep tendon reflexes were 1+ at the patellar and Achilles tendons. Diagnoses are cervical disc protrusion of 4-mm at C5-C6, lumbar disc protrusion of 3-mm at L5-S1, left knee mild osteoarthritis, right knee strain, and right elbow sprain/strain. It is recommended that the patient has a consult with an internist. Also, there is a request for Kera-tek analgesic gel to decrease her oral medication secondary to her GI symptoms. Prior utilization review dated 03/05/2014 states the request for Kera-Tek gel 4oz, #1 was not authorized as guidelines do not consistently support compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek gel 4oz, #1:** Upheld

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

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

**Decision rationale:** Kera-Tek gel is a topical analgesic compound that contains Menthol 16% and Methyl Salicylate 28%. Topical analgesics are an option for various types of pain, and many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, to name a few). There is little to no research to support the use of many of these agents. The CA MTUS guidelines state that Salicylate has demonstrated some benefit in conditions such as osteoarthritis and chronic non-specific pain, as compared to placebo. However, there is no mention of menthol in the guidelines. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lastly, the patient has complaints of GI symptoms including heart burn, which are not necessarily related to the oral pain medications the patient is receiving. She was documented to have significantly benefited from oral pain medication. Her physician appropriately referred the patient to Internal Medicine to work up her GI symptoms. Therefore, the request for Kera-Tek gel 4oz, #1 is not medically necessary and appropriate.