

<b>Case Number:</b>	CM14-0054947		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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:

This is a 54-year-old male with a 9/14/12 date of injury. The decision date for the Kera-Tek analgesic gel 4oz was (3/28/14). There is documentation of subjective lower back pain radiating to the bilateral lower extremities, bilateral wrists pain, and left elbow pain). Also there is tenderness to palpation over the bilateral lumbar paravertebral region with decreased lumbar range of motion. There is positive straight leg raise and Kemp's test with decreased sensation over the bilateral L5 and S1 dermatomes. There is tenderness to palpation over the left cubital tunnel with decreased left elbow range of motion, positive Cozen's and Tinel's tests, bilateral wrist tenderness over the bilateral dorsal/palmar carpals and extensor tendons with positive Tinel's, Phalen's and Finkelstein's tests. The current findings are bilateral carpal tunnel syndrome, left cubital tunnel syndrome, left lower extremity radiculopathy, and chronic lumbar strain with disc herniation. The treatment to date includes ongoing therapy with oral NSAIDs and Kera-Tek gel and physical therapy. There is no documentation that trials of antidepressants and anticonvulsants have failed and functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of use of Kera-Tek gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ker-Tek analgesic gel 4oz:** 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 based on Non-MTUS Citation (<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>).

**Decision rationale:** An online search identifies Kera-tek gel as a topical compounded analgesic medication consisting of Menthol 16% and Methyl Salicylate 28%. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, left cubital tunnel syndrome, left lower extremity radiculopathy, and chronic lumbar strain with disc herniation. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, given documentation of ongoing therapy with Kera-Tek gel, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Kera-Tek gel. Therefore, based on guidelines and a review of the evidence, the request for Kera-Tek analgesic gel 4oz is not medically necessary.