

<b>Case Number:</b>	CM14-0069983		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 24 year old male who was injured on 12/28/12 while removing an oil filter from a car and injured his right wrist. Clinical diagnoses include status post scaphoid fracture with traumatic arthritis and mild right carpal tunnel syndrome. The injured worker underwent open reduction internal fixation in March 2013 with subsequent therapy. Clinical documentation dated 02/05/14 indicated the injured worker had electromyographic studies which revealed right carpal tunnel syndrome. Documentation indicated that surgery was recommended, however, the injured worker wanted to hold off on surgery. There were no recent clinical documentation provided for review. The previous request for Kera-Tek Analgesic Gel was non-certified on 04/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek Analgesic Gel:** Upheld

**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 Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains menthol and methyl salicylate which have not been approved for transdermal use. There is also no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. Therefore, topical analgesic, Kera-Tek Analgesic Gel, cannot be recommended as medically necessary.