

<b>Case Number:</b>	CM14-0087261		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/20/1986
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on October 20, 1986. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 24, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and a positive Kemp's test. There was decreased right-sided lower extremity muscle strength at 4/5 at the S-1 nerve root distribution as well as decreased sensation on the right at L4, and S1. The physical examination of the right knee noted decreased range of motion with crepitus as well as decreased quadriceps and hamstring strength. There was a positive McMurray's test and a positive patella grind test. Diagnostic imaging studies were not reviewed during this visit. A request had been made for Kera-Tek gel and Flurbiprofen/Cyclobenzaprine/Menthol cream and was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek 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 Page(s): 111-113.

**Decision rationale:** Kera-Tek gel is a combination of Menthol and Methyl Salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines, states that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical Menthol and Methyl Salicylate are both not recommended for usage by the MTUS. Therefore, this request for Kera-Tek gel is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol Cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Flurbiprofen/Cyclobenzaprine/Menthol is not medically necessary.