

<b>Case Number:</b>	CM14-0179772		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational 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 patient is a 64 year-old male with date of injury 03/06/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/01/2014, lists subjective complaints as pain in the neck, low back, and bilateral upper extremities. Objective findings: Examination of the cervical spine revealed decreased range of motion and tenderness to palpation of the paraspinal muscles. Cervical compression was positive. Decreased muscle strength and sensation 4/5 bilaterally at C5, C6, C7 and C8. Examination of the lumbar spine revealed decreased range of motion and tenderness to palpation of the paraspinal muscles. Kemp's sign was positive bilaterally. Normal muscle strength and sensation at L4, L5 and S1. Diagnosis: 1. Bilateral knee end-stage tricompartmental osteoarthritis 2. Bilateral wrist carpal tunnel syndrome 3. Chronic lumbar strain with disc herniations 4. Left moderate compression of the median nerve at the carpal tunnel 5. Cervical sprain/strain. The medical records supplied for review document that the patient has been taking Tramadol and Naproxen for at least as far back as four months. The Kera-Tek gel was prescribed on 10/01/2014. Medications: 1. Ultram (Tramadol) 50mg, #60 SIG: BID 2. Naproxen 550mg, #60 SIG: BID 3. Kera-Tek Gel 4oz SIG: apply a thin layer to affected area 2-3 times a day

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn Sodium (Naproxen) 550 mg, # 60, one tab by mouth twice a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Naprosyn Sodium (Naproxen) 550 mg, # 60, one tab by mouth twice a day is not medically necessary.

**Kera-Tek Gel 4 oz, apply a thin layer to affected area 2-3 times daily:** 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.

**Decision rationale:** Keratek gel contains menthol 16% and methyl salicylate 28%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera-Tek Gel 4 oz, apply a thin layer to affected area 2-3 times daily is not medically necessary.