

<b>Case Number:</b>	CM14-0187690		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 61 year old male who was injured at work on 06/04/2009. He is reported to be complaining of 8/10 pain in his left index and third fingers, shoulders, neck and upper back. The neck and lower back pain are radicular. The physical examination revealed decreased range of motion of the cervical spine, shoulders and lumbar spine; there was tenderness in the cervical spine, trapezius muscles, lumbar paraspinal muscles, and the interosseous muscles of the left second and third fingers. The cervical and lumbar paraspinal areas were hypertonic; there was positive left straight leg raise at 50 degrees, positive Kemp's test bilaterally, while strength and sensations were decreased in the right L4, L5, and S1 areas. There was slight weakness of the shoulder flexors and abductors. Grip strength was weak in the right hand, but he could not make a fist with the left hand. The worker has been diagnosed of left index finger traumatic rotational injury and puncture, status post-surgery, chronic cervical strain with diffuse arthritic changes, chronic lumbar strain with spondylolisthesis and arthritic changes, cervical disc herniation, cervical fracture, left upper extremity numbness and radicular pain, lumbar disc herniation, and right lower extremity sciatica. Treatments have included Ultram, Omeprazole and Naprosyn. At dispute is the request for Kera-Tek Analgesic Gel for left index and third fingers, left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Analgesic Gel for left index and third fingers, left elbow: 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 rationale:** The medical records provided for review do not indicate a medical necessity for Kera-Tek Analgesic Gel for left index and third fingers, left elbow. Kera Tek is a compounded topical analgesic comprising of Methyl Salicylate and Menthol. While Methyl Salicylate is a recommended topical Analgesic, Menthol is not. MTUS guidelines recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary.