

<b>Case Number:</b>	CM14-0198599		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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 42 year old female who suffered an industrial related injury on 11/10/11 after lifting a heavy box. A physician's report dated 5/13/14 noted the injured worker had complaints of pain in the right shoulder, right elbow, right wrist, and foot. Diagnoses included right shoulder calcific tendonitis with subacromial impingement, right moderate carpal tunnel syndrome, right cubital tunnel syndrome, and right foot chronic sprain. The treating physician recommended Kera-Tek analgesic gel for chronic pain and in an attempt to wean her down from Tramadol. A physician's report dated 10/14/14 noted the injured worker had persistent pain in the right shoulder, right elbow, and right wrist. The physical examination of the right shoulder revealed decreased range of motion and decreased strength with flexion and abduction but these had improved since the last visit. Examination of the right elbow revealed full range of motion with tenderness over the lateral epicondyle. Examination of the right wrist revealed slightly decreased range of motion with weak grip strength of 4/5. Examination of the right ankle/foot revealed slightly decreased range of motion with tenderness over the plantar flexion and Achilles insertions. The injured worker is currently not working. On 11/05/14 the utilization review (UR) physician denied the request for Kera-Tek analgesic gel 40z. The UR physician noted the concurrent prescribing of oral Tramadol and functional and pain benefits with additional use of Kera-Tek gel for chronic pain is unproven.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel 40z:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

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

**Decision rationale:** This patient receives treatment for chronic pain involving the shoulder and upper extremities. Kera-tek gel contains menthol and methyl salicylate compounded in a vehicle designed for topical application on the skin. This product is sold over the counter and is marketed for the temporary relief of musculoskeletal aches and pains; however, according to the treatment guidelines, compounded topical agents are considered experimental for this use, because results from well-designed clinical trials fail to show convincing benefit and effectiveness. In addition, in a compounded product, if the product contains at least one drug or drug class that is not recommended, then that product itself is not recommended. Kera-tek contains two agents, neither of which is recommended to treat chronic pain. Menthol is not recommended for any pain treatment. Methyl salicylate is an NSAID. NSAIDs are not recommended when applied topically to treat chronic pain. Ker-Tek is not medically indicated.