

<b>Case Number:</b>	CM14-0208335		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 53 year old male with an injury date on 7/5/12. The patient complains of persistent pain in the bilateral shoulders rated 4/10, left knee pain rated 4/10, left ankle pain rated 4/10, and a new pain in the lumbar which he rated 4-5/10, is frequent and he does ambulate with a cane per 10/23/14 report. The patient is wearing a "boot" for his left ankle which is affecting his gait and causing worsening back pain. The patient takes Motrin which brings his pain down from 5/10 to 3/10 and allows him to ambulate for 30 minutes as opposed to 15 minutes without having to stop secondary to pain per 10/23/14 report. Based on the 10/23/14 progress report provided by the treating physician, the diagnoses are: 1. left distal third tibia and fibula fracture 2. subsequent left leg compartment syndrome with residual weakness 3. non-united tibia fracture s/p conversion to intramedullary nailing 4. left ankle posttraumatic arthritis 5. left knee pain and crepitus secondary to intramedullary nailing 6. lumbar spine s/s due to compensatory factors and antalgic gait. A physical exam on 10/23/14 showed "L-spine range of motion is decreased. Bilateral shoulders have limited range of motion. Left knee has limited range of motion. Left ankle/foot has decreased range of motion." The patient's treatment history includes medications, physical therapy. The treating physician is requesting kera-tek gel 4oz. The utilization review determination being challenged is dated 11/14/14 and denies request as the patient does not have neuropathic pain, and no indication of a rationale for use of Ker-tek . The requesting physician provided treatment reports from 8/27/14 to 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Gel 4 Oz:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with bilateral shoulder pain, left knee pain, left ankle pain, and back pain. The treater has asked for KERA-TEK GEL 4OZ on 10/23/14 "as he is suffering from slight GI secondary to the Motrin use per 10/23/14 report. Kera-tek gel contains Methyl Salicylate. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. In this case the patient has a chronic pain condition. As the patient is not currently using Kera-tek gel, a trial of Kera-tek for patient's peripheral joint arthritis would appear reasonable. The patient is unable to tolerate oral NSAID (motrin) and the treater has requested Kera-tek as a substitute. The request IS medically necessary.