

<b>Case Number:</b>	CM14-0218315		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 forty-seven year old female who sustained an industrial injury on March 5, 2013. She has reported shoulder pain. The diagnoses have included left shoulder rotator cuff syndrome, left shoulder subacromial impingement, left shoulder loose bodies and right hand pain. Treatment to date has included pain medication, cortisone injections and physical therapy. The injured worker complained for shoulder pain described as burning. She rated the pain a 2 - 4 on a 10 point scale and had a decreased range of motion with spasms to the shoulder. Currently, the IW complains of chronic left shoulder pain with pain radiating to the upper arm. On December 1, 2014 Utilization Review non-certified a request for Kera-Tex Gel between 11/6/2014 and 2/24/2015 noting the MTUS Chronic Pain Treatment Guidelines. On December 30, 2014 the injured worker submitted an application for IMR for review of Kera-Tex Gel between 11/6/2014 and 2/24/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tex Gel ( ) between 11/6/2014 and 2/24/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded; and Salicylate Topicals; and Menth.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methyl Salicylate, Topical Analgesics Page(s): 111, 105.

**Decision rationale:** This is a review for the requested Keratek Gel. Keratek Gel is a topical gel consisting of Menthol and Methyl Salicylate. In general, topical analgesics are largely experimental and primarily recommended for neuropathic pain after failure of antidepressants, per MTUS Guidelines. The efficacy of compounded agents, which include several different medications from various drug classes, is not supported by research. There is no documentation indicating the reason for the request for this combination of topical analgesics. Methyl Salicylate is recommended in chronic pain. MTUS is silent on Menthol. There is no clear evidence to support the use of topical Menthol according to MTUS guidelines. The MTUS Guidelines clearly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered to be NOT medically necessary.