

<b>Case Number:</b>	CM15-0002955		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### 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 66 year old man sustained an industrial injury on 5/1/2012 resulting in injury to the neck, back, arms, hands, wrists, lower extremities, and hearing loss due to cumulative trauma. The mechanism of injury is not detailed. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 10/20/2014 show that the worker is still having difficulties due to upper arm pain, stiffness and weakness to the left shoulder, however, has not been able to participate in physical therapy as this request has been denied. Recommendations include physical therapy, urine toxicology to check the efficacy of medications, and applications of heat and ice. The worker was also given prescriptions for the topical medication in dispute, however, there is no rationale for choosing topical medications included. On 12/18/2014, Utilization Review evaluated prescriptions for kera tek gel, 18 day supply #113 and CMPD-Flurbipro/Cyclobenz/Menthol C/Pentran, 30 day supply #180, that were submitted on 1/6/2015. The UR physician noted that topical medications have not been proven in efficacy and safety. Further, there is no documentation that the worker has an extenuating circumstance for which a topical medication may be further considered. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek gel 113gm (18 day supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113. Decision based on Non-MTUS Citation Drugs.com

**Decision rationale:** KeraTek gel is a topical analgesic medication containing menthol 16% and Methyl Salicylate 28%. According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. With regards to methyl salicylate, it is recommended for use in the MTUS for chronic pain as it is significantly better than placebo. The MTUS is silent regarding menthol. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line medications or that menthol is effective.

**Compound: Flurbiprofen/ Cyclobenzaprine/ Menthol C/ Pentravan: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS is silent regarding menthol. Topical cyclobenzaprine is not recommended by the MTUS. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.