

<b>Case Number:</b>	CM15-0005515		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 43 year old male with an industrial injury date of 01/14/2010. The mechanism of injury is documented as falling off a metal table sustaining twisting injuries to his musculoskeletal system. Follow up on 10/09/2014 notes the injured worker is complaining of neck pain, left shoulder pain and mid and low back pain. Physical exam revealed tenderness in the above areas. Prior surgery includes arthroscopic surgery to left shoulder in August 2012 and lumbar fusion in February 2013. Prior treatment includes TENS unit, spinal brace, physical therapy, surgery and medications. Diagnoses included disc herniation of the cervical spine at the cervical 5-6 level. Impingement syndrome of the left shoulder with residual adhesive capsulitis, status post arthroscopic surgery; medial epicondylitis of the left elbow with possible cubital tunnel syndrome and lumbar spine disc herniation at the lumbar 5-sacral 1 level, status post fusion. On 12/17/2014 Utilization review non-certified the request for Kera tek gel # 113 noting guideline criteria have not been met as topical medications have not been adequately proven with regards to overall efficacy and safety and there is no evidence of any extenuating circumstances in this claimant's specific case. MTUS Guidelines were cited. The request for Flurb/Cyclo/Menth cream 20%/40/4% was not certified noting guideline criteria have not been met as topical medications have not been adequately proven with regards to overall efficacy and safety and there is no evidence of any extenuating circumstances in this claimant's specific case either. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek gel #113:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of topical preparations Page(s): 111.

**Decision rationale:** The diagnoses included disc herniation of the cervical spine at the cervical 5-6 level with reported impingement syndrome of the left shoulder with residual adhesive capsulitis, status post arthroscopic surgery; medial epicondylitis of the left elbow with possible cubital tunnel syndrome and lumbar spine disc herniation at the lumbar 5-sacral 1 level, status post fusion. Prior treatment reportedly includes TENS unit, spinal brace, physical therapy, surgery and medications. MTUS supports topical medications for conditions of neuropathic pain that have demonstrated failure of at least two oral agents. They may also be supported if there are extenuating circumstances but the medical records provided for review do not indicate either such conditions are applicable to the insured. As such the medical records do not support the use of this topical medication for the insured.

**Flurb/Cyclo/Menth Cream 20%/40%/4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical medication Page(s): 111.

**Decision rationale:** The diagnoses included disc herniation of the cervical spine at the cervical 5-6 level with reported impingement syndrome of the left shoulder with residual adhesive capsulitis, status post arthroscopic surgery; medial epicondylitis of the left elbow with possible cubital tunnel syndrome and lumbar spine disc herniation at the lumbar 5-sacral 1 level, status post fusion. Prior treatment reportedly includes TENS unit, spinal brace, physical therapy, surgery and medications. MTUS supports topical medications for conditions of neuropathic pain that have demonstrated failure of at least two oral agents. ODG guidelines support that any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not approved for topical use. They may also be supported if there are extenuating circumstances but the medical records provided for review do not indicate either such conditions are applicable to the insured. As such the medical records do not support the use of this topical medication for the insured.