

<b>Case Number:</b>	CM15-0005592		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 53- year old male, who sustained an industrial injury on June 6, 2013. The diagnoses have included rotator cuff sprain, lateral epicondylitis, carpal tunnel syndrome and pain in the joint involving the shoulder region. Treatment to date has included medications, physical therapy, and carpal tunnel release procedure. Currently, the IW complains of persistent pain in the right elbow along with stiffness, weakness and instability. The worker reported pain when writing. Physical exam revealed light touch sensation in the hand with full range of motion of the small joints of the finger and wrist. On December 17, 2014, the Utilization Review decision non-certified a request for Kera Teck Gel 4 ounces and Flurbiprofen20 percent /Cyclobenzaprine 10 percent /Menthol 4 percent cream 180 gm, noting the compounded topical creams are experimental and only recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Kera Teck Gel four ounces and Flurbiprofen20 percent /Cyclobenzaprine 10 percent /Menthol 4 percent cream 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek Gel 4oz #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. Topical Analgesics. Page(s): 104, 111-113..

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug class that is not recommended is not recommended. Keratek contains methyl salicylate and menthol. Per the MTUS salicylate is recommended for topical use. However neither the MTUS, ACOEM or the ODG mention the use of menthol therefore based on the guidelines the request for Kera Tek Gel 4oz #1 is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10/4% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug class that is not recommended is not recommended. Per the MTUS cyclobenzaprine is not recommended for topical use and there is no mention of menthol in the MTUS, ACOEM or ODG, therefore based on the guidelines the request for Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10/4% 180gm is not medically necessary.