

<b>Case Number:</b>	CM15-0107221		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old female, with a reported date of injury of 02/09/2012. The diagnoses include chronic cervical and lumbar strain with radiation to the upper extremity, rule out disc herniation; right shoulder strain with impingement; right elbow strain; and sleep disorder and gastritis. Treatments to date have included right first compartment tendon sheath injection on 11/13/2014; electrodiagnostic studies; esophagogastroduodenoscopy on 11/11/2014; oral medications; an MRI Arthrogram of the right shoulder on 11/20/2014; fluoroscopic right shoulder arthrography on 11/20/2014; oral medications; and home exercises. The progress report dated 04/17/2015 indicates that the injured worker presented for follow-up of persistent pain in the neck, back, bilateral shoulders, and bilateral wrists. The pain was rated 8 out of 10. An examination of the cervical spine showed decreased range of motion; tenderness over the paraspinals and trapezius muscles, right greater than the left with hypertonicity noted on the right trapezius muscle only; decreased strength and sensation bilaterally at C5, C6, and C7; and normal strength and sensation at C8. An examination of the lumbar spine showed decreased range of motion; tenderness to the paraspinals, right greater than left; and normal strength and sensation at L4, L5, and S1. An examination of the right shoulder showed decreased range of motion; tenderness over the acromioclavicular joint; and positive Neer's impingement and Hawkin's impingement. The examination of the right elbow showed full range of motion; and tenderness over the medial epicondyle. An examination of the bilateral wrists showed weak grip strength; decreased sensation bilaterally at the median nerve distribution; and a slight decreased range of motion bilaterally. The treating physician requested Kera-Tek analgesic gel 4 ounce in

an attempt to help control the injured worker's pain and to allow her to take less oral medication for pain control.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kera-Tek analgesic gel 4oz:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

**Decision rationale:** The claimant sustained a work-related injury in February 2012 and continues to be treated for neck, back, shoulder, and wrist pain. When seen, pain was rated at 7-8/10. There was decreased cervical and lumbar spine range of motion and decreased right shoulder range of motion. There was paraspinal muscle tenderness. Right shoulder impingement testing was positive. There was decreased wrist range of motion with decreased grip strength and decreased median nerve distribution sensation. The claimant has a history of non-steroidal anti-inflammatory medication induced gastritis by endoscopy with positive H. pylori testing. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral non-steroidal anti-inflammatory medications are contraindicated due to gastritis. She has localized pain amenable to topical treatment. Therefore, KeraTek can be considered as medically necessary.