

<b>Case Number:</b>	CM15-0139126		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on September 15, 2014. The injury occurred while the injured worker was pushing an obese patient and experienced a snap in her neck and low back. The diagnoses have included large lumbosacral disc herniation and multilevel herniated lumbar discs. Treatment and evaluation to date has included medications, radiological studies, MRI and physical therapy. Documentation dated May 20, 2015 notes the injured worker was released to work without restrictions. Current documentation dated June 10, 2015 notes that the injured worker reported progressive low back pain with radiation to the legs. Examination of the lumbar spine revealed tenderness in the low back and a positive straight leg raise test. Documentation dated May 20, 2015 notes the injured worker reported neck pain with radiation to the bilateral arms with associated numbness and tingling of the arms. The injured worker also noted low back pain with radiation down the left leg with associated numbness and tingling. Examination of the cervical spine revealed tenderness, spasms and a decreased range of motion. Neurogenic compression tests were positive on the right. Lumbar spine examination revealed tenderness, spasms, a decreased range of motion and a positive straight leg raise test on the left. The treating physician's plan of care included requests for Kera Tek Gel number 113 and Flurbiprofen-Cyclobenzaprine-Menthol Cream 20%-10%-4%.

### 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents on 05/20/15 with neck pain primarily localized to the neck with radiation in the bilateral upper extremities. The patient's date of injury is 09/15/14. Patient has no documented surgical history directed at this complaint. The request is for KERA TEK GEL #113. The RFA was not provided. Physical examination dated 05/20/15 reveals tenderness to palpation of the bilateral trapezii with spasms noted, decreased cervical range of motion, positive neurogenic compression tests on the right, tenderness to palpation of the lumbar paraspinal muscles, and positive straight leg raise test on the left. The patient's current medication regimen is not provided. Per 05/20/15 progress note, the patient is released to work without restrictions. The Kera-Tek gel contains Methyl salicylate and Menthol. MTUS Guidelines, Topical Analgesics section, page 111 under Non-steroidal anti-inflammatory agents (NSAIDs) has the following: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In regard to Kera Tek gel, this topical medication is not supported for this patient's chief complaint. MTUS guidelines indicate that topical formulations containing NSAIDs are appropriate for complaints in the peripheral joints only. This patient presents with chronic neck pain with a radicular component in the bilateral upper extremities. MTUS guidelines specifically state that topical NSAIDs are not supported for the treatment of hip, spine, or shoulder complaints. Without evidence of a peripheral complaint amenable to topical NSAIDs, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Flurb/Cyclo/Menth Cream 20%/10%/4%:** Upheld

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

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

**Decision rationale:** The patient presents on 05/20/15 with neck pain primarily localized to the neck with radiation in the bilateral upper extremities. The patient's date of injury is 09/15/14. Patient has no documented surgical history directed at this complaint. The request is for FLURB/CYCLO/MENTH CREAM 20%/10%/4%. The RFA was not provided. Physical examination dated 05/20/15 reveals tenderness to palpation of the bilateral trapezii with spasms noted, decreased cervical range of motion, positive neurogenic compression tests on the right, tenderness to palpation of the lumbar paraspinal muscles, and positive straight leg raise test on the left. The patient's current medication regimen is not provided. Per 05/20/15 progress note, the patient is released to work without restrictions. MTUS Topical Analgesics section, page 111-113 has the following under: Non-steroidal anti-inflammatory agents (NSAIDs) "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)... there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Under Other Muscle Relaxants, page 113: "There is no evidence for use of any other muscle relaxant as a topical

product." Regarding topical compounded creams on pg 111, guidelines state "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Flurbiprofen, Cyclobenzaprine, and Menthol, the requested cream is not supported by MTUS guidelines. Topical NSAIDs are only supported for peripheral complaints - this patient presents with chronic neck pain with a radicular component. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine in topical formulations. Guidelines state that any topical compounded cream, which contains an unsupported ingredient, is not indicated. Hence, this request IS NOT medically necessary.