

<b>Case Number:</b>	CM15-0186293		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 is a 56 year old male with a date of injury of December 15, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder rotator cuff tear, lumbar disc protrusion, and lumbar disc herniation with lower extremity radicular pain. Medical records dated July 15, 2015 indicate that the injured worker complains of lumbar spine pain rated at a level of 7 out of 10 radiating to the left lower extremity, and bilateral shoulder pain rated at a level of 2 out of 10. A progress note dated August 17, 2015 notes subjective complaints of lumbar spine pain rated at a level of 7 out of 10 radiating to the left lower extremity, left shoulder pain rated at a level of 6 out of 10, and right shoulder pain rated at a level of 5 out of 10. The physical exam dated July 15, 2015 reveals marked tenderness to palpation of the lumbar spine over the bilateral paraspinal muscles, limited flexion and bilateral rotation of the lumbar spine, positive sitting straight leg raise on the left, increased range of motion of the bilateral shoulders, increased strength of the bilateral shoulders, and tenderness to the acromioclavicular joints bilaterally. The progress note dated August 17, 2015 documented a physical examination that showed no changes in the shoulder examination since the exam conducted on July 15, 2015. There was no range of motion examination of the lumbar spine due to recent surgery. Treatment has included unknown number of physical therapy sessions, medications (Tylenol #3 and Gabapentin prescribed on August 17, 2015; Lodine since at least April of 2015) and lumbar laminotomy and microdiscectomy on July 23, 2015. The original utilization review (August 17, 2015) non-certified a request for Keratek gel 4oz.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Keratek gel, 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. 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 analgesic medications. The continued use is not medically necessary.