

<b>Case Number:</b>	CM14-0122271		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old male who was injured on 11/27/12, sustaining a shoulder injury. The mechanism of injury is not documented in the clinical notes submitted for review. The injured worker underwent arthroscopic right shoulder rotator cuff repair, subacromial decompression with acromioplasty, with intra-articular limited debridement on 12/13/13. Current diagnoses include chronic cervical strain, chronic lumbar pain, and status post right shoulder rotator cuff repair, rule out recurrent right shoulder rotator cuff tear. Clinical note dated 06/19/14 indicated the injured worker complains of pain in the cervical spine, lumbar spine right shoulder, and right hand. Her cervical pain is rated as 8/10 and continues to have radiation of pain in to the bilateral arms. Lumbar pain is rated as 10/10 and frequent. Right shoulder pain is rated as 9/10 and right hand pain is 8/10. Examination of the cervical spine revealed limited range of motion, with tenderness over the trapezius and paravertebral muscles bilaterally. There was hypertonicity over the trapezius muscles bilaterally. Spurling's and cervical compression tests are positive. Deep tendon reflexes at 1+ in the brachioradialis and triceps tendon. Examination of the right shoulder revealed limited range of motion with flexion and abduction at 160 degrees and internal rotation at 60 degrees. Neer's and Hawkin's tests were positive. Medications include Omeprazole 20mg and Ibuprofen 800mg. Clinical note dated 08/25/14 indicated the injured worker presents with persistent pain in the cervical spine lumbar spine, tight shoulder and right hand. The cervical spine pain is rated as 8/10, and slightly improved; lumbar spine is rated as 9/10, constant and unchanged; right shoulder pain is 9/10 and unchanged. The injured worker also indicated numbness of the right hand which is constant and unchanged. The injured worker indicated the pain is worse with activities, and made better with therapy, rest and medications. Examination of the cervical spine showed decreased range of motion and tenderness at the paraspinals. Spurling's test and cervical compression test are positive.

Examination of the thoracic spine revealed tenderness to the paraspinals, right greater than the left. Lumbar spine examination revealed decreased range of motion with tenderness at the paraspinals. Kemp's test is positive bilaterally. Examination of the right shoulder revealed decreased range of motion with flexion at 140 degrees, abduction at 120 degrees, extension and adduction at 30 degrees, internal rotation 40 degrees, and external rotation 60 degrees. Hawkin's and impingement tests are positive. The request for Kera-Tek analgesic gel was non-certified by UR on 07/14/14.

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

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

**Kera-Tek Analgesic Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Kera-Tek is a compound medication known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this medication Kera-Tek Analgesic Gel cannot be recommended as medically necessary.