

<b>Case Number:</b>	CM14-0122299		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/11/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This patient is a 40-year-old female with a date of injury of 12/23/11. Mechanism of injury was bending over to lift a turkey out of the oven. While doing this, the patient twisted her low back causing sharp pain. She has chronic symptoms and has been treated for diagnoses of lumbar disc rupture/dessication, partial sacralization, internal medicine GI and sleep disturbance, anxiety, depression and left sacroilitis. She was seen by an orthopedic specialist on 5/15/14, and Flurbiprofen/Cyclobenzaprine/Menthol and Kera-Tek were ordered. This was submitted to Utilization Review and an adverse decision was rendered on 7/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4% 180g:** 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:** MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect

of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Flurbiprofen and Cyclobenzaprine. Flurbiprofen is not a guideline supported NSAID and is currently not FDA approved for topical application. As such, the request is not medically necessary.

**Kera-Tek Gel 4oz:** Overturned

**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:** Kera-Tek is a topical agent that consists of Methyl Salicylate. The CA MTUS states that topical salicylate (such as Ben-Gay, Methyl Salicylate) are significantly better than placebo in chronic pain, and states that they are recommended. There are no medications in this topical agent that are not guideline supported. Medical necessity for Kera-Tek Gel 4oz is established.