

<b>Case Number:</b>	CM14-0124291		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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:

The injured worker is a 50-year-old female who sustained an injury on 2/7/03, with continuous trauma and was reinjured on 1/28/08. She continued to have neck pain with stiffness and spasm. She complained of the left upper extremity including left shoulder, left wrist, left-sided hip pain radiating to the left knee and sleep deprivation related to her pain. There was stress, anxiety, depression, and sexual dysfunction related to her pain and injury. L-spine, left ankle, and left knee pain were rated at 7/10. C-spine exam revealed moderate to severe pain in all ranges. TTP to paravertebral muscles, upper trapezius muscle, and spinous process. TTP to right and left subacromial space, bicipital groove, and soft tissue. Elbow and forearm, TTP on right lateral epicondyle. Resisted extension and Valgus stress test was positive on right. TTP over dorsal and volar capsule and soft tissue of hand. Phalen's was positive on right. C-spine MRI on 2/27/14 showed evidence of prior anterior cervical fusion at C5-6, marginal osteophytes noted at C4-7 and C7-T1. Hip x-ray showed no acute fractures of the left hip. Ankle CT on 1/15/14 showed no fracture. Past surgeries include carpal tunnel surgery on right, and c-spine fusion. Current medications included Norco and Kera-Tek analgesic gel with benefit. Diagnoses included status postop right carpal tunnel release, postoperative cervical spine one-level fusion, right shoulder internal derangement, right lateral epicondylitis, right ganglion cyst, secondary sleep deprivation, secondary stress, anxiety, and depression secondary sexual dysfunction. The request for Kera-Tek Analgesics Gel, #4 oz was denied on 7/24/14 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Analgesics Gel, #4 oz:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Kera-Tek contains methyl salicylate/menthol. According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Kera-Tek gel is not established per guidelines.