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| <b>Case Number:</b>   | CM14-0143038 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 03/19/2013 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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:

Patient is a 51-year-old male who has submitted a claim for medial epicondylitis, and right shoulder rotator cuff tear status post arthroscopy associated with an industrial injury date of 3/19/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of right shoulder pain and right arm pain, rated 8/10 in severity resulting to difficulty in performing grooming, dressing, sleeping, lifting, cooking, cleaning, and gardening. Patient reported pain relief upon intake of Norco from 8/10 to 2/10 in pain severity. Physical examination of the right shoulder showed tenderness. Muscle spasm of bilateral trapezius was noted. Range of motion of the right shoulder was restricted on all planes. Muscle strength was graded 5 minus/5. Tinel's sign was negative over the right cubital tunnel. Urine drug screen from 6/30/2014 showed inconsistent results with prescribed medications. Treatment to date has included a right shoulder arthroscopy, physical therapy, and medications such as Norco (since 2013) and topical creams. Utilization review from 4/18/2014 denied the request for Kera-Tek-Gel - 4 oz. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Kera-Tek-Gel 4 oz. is not medically necessary.