

<b>Case Number:</b>	CM14-0160365		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 New York. 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 claimant is a 46 year old female who sustained an industrial injury on 11/01/2013. The mechanism of injury was not provided for review. Her diagnoses include neck pain, lumbar pain, right shoulder, elbow and wrist pain and bilateral hand pain. She describes her pain as 6/10. Physical exam reveals limited range of cervical motion with decreased sensation at bilateral C5-8. There is limited range of motion of the right shoulder with tenderness over the acromioclavicular joints bilaterally. There is decreased sensation along the medical nerve distribution bilaterally. Treatment has included medical therapy with Tramadol, Omeprazole, Ibuprofen and topical compounded medications. The treating provider has requested Kera-Tek Analgesic Gel 4 OZ, Diclofenac/Lidocaine Cream 3 Percent/5 Percent 180 Gram, and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Analgesic Gel 4 OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically 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 ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case there is no indication for the use of topical methyl salicylate for the treatment of chronic musculoskeletal pain. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Diclofenac/Lidocaine Cream 3 Percent/5 Percent 180 Gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically 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 ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case topical NSAIDs have been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Topical lidocaine is only indicated for the treatment of neuropathic pain. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Urine Toxicology Screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Toxicology

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**Decision rationale:** The patient's provider requested a urine drug screen . The patient is maintained on a medical regimen which includes topical compounded medications, Ibuprofen and Tramadol. Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The test was used to incorporate the results in the patient's treatment plan and continue her present medication regimen. Medical necessity for the requested item was established. The requested item was medically necessary.