

<b>Case Number:</b>	CM14-0155487		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 43 year old female who sustained an industrial injury on 12/17/2013. She reported injury to both knees, back, left elbow, neck and head. The injured worker was diagnosed as having lumbago, bilateral knee osteoarthritis, left knee contusion, and lumbar strain rule out disc herniation, right lower extremity radicular pain, cervical strain, a left elbow contusion and closed head trauma. Treatment to date has included chiropractic care, physical therapy, hot/cold, medications (including Keratek topical Gel which did help her pain from 9 down to a 6-7 and allowed her to do activities of daily living for a period of an hour as opposed to 30 minutes without the cream), and time off work. Currently, the injured worker complains of lumbar spine rated a 9/10 which is constant, right shoulder pain rated an 8/10 which is constant, bilateral arm, bilateral knees, bilateral hips and bilateral lower extremity pain, as well as headache. She is walking with a cane with an antalgic gait. The pain is made better with medication which reduces her overall pain from a 9/10 to a 6-7 /10. Rest, ice, and heat also make the pain better. The pain is made worse with activities such as prolonged walking and standing. Examination of the cervical spine revealed decrease of range of motion with tenderness over the paraspinals and trapezius muscles right greater than left. Spurlings was positive on the right. Shoulder depression test was positive. Muscle strength and sensation were slightly decreased on the right. Examination of the lumbar spine revealed decreased range of motion with tenderness over the paraspinals, right greater than left. Kemps test was positive bilaterally and straight leg raise test was positive on the right. Examination of the left elbow showed tenderness over the acromioclavicular joint and decreased muscle strength with flexion and

abduction. Examination of the right shoulder showed decreased range of motion since her last visit. The treatment plan is to continue with home therapy, ice and heat, request authorization of consult and treat with pain management, request authorization for urine toxicology screen, and request authorization for Keratek Gel 4oz. Apply a thin layer to affected area 2-3 times daily as directed.

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

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

**Keratek Gel 4oz. Apply a thin layer to affected area 2-3 times daily as directed:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.