

Case Number:	CM14-0210773		
Date Assigned:	12/23/2014	Date of Injury:	02/14/2014
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 following clinical case summary was developed based on a review of the case file, including all medical records: The patient is a 44 year old female with an injury date of 02/14/14. Based on the 10/16/14 progress report, the patient complains of pain in her left shoulder, cervical spine, and lumbar spine. She has spasms in her left shoulder, stiffness to her cervical spine, and a burning sensation on her lumbar spine that radiates down to her legs. The 11/10/14 report indicates that the patient continues to experience pain in her left shoulder, cervical spine, lumbar spine, and now has cramping with the cold weather. Her lumbar spine has a limited range of motion and she is weak with internal/external rotation. The 12/04/14 report states that the patient has soreness of her cervical spine and pain in her lumbar spine. She has spasms and tenderness on both her cervical and lumbar spine. The patient's diagnoses include the following: 1. Displacement of lumbar intervertebral disc without myelopathy 2. Other specified disorders of bursae and tendons in shoulder region 3. Pain in joint, shoulder region The utilization review determination being challenged is dated 12/08/14. Treatment reports are provided from 06/17/14-12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek-Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "Salicylate topical" section, Topical creams: (Chronic Pain section) Topical Analgesics Page(s):.

Decision rationale: The patient presents with pain in her left shoulder, cervical spine, and lumbar spine. The request is for KERA-TEK GEL. She has spasms in her left shoulder, stiffness to her cervical spine, a burning sensation on her lumbar spine that radiates down to her legs and spasms/tenderness over her cervical/lumbar spine. Kera- Tek analgesic gel contains MENTHOL 16g in 100g and METHYL SALICYLATE 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." It appears that this is the patient's initial trial of Kera-Tek. MTUS Guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, the patient presents with left shoulder pain, cervical spine pain, and lumbar spine pain. Kera-Tek is not indicated for the shoulder and spine. Therefore, the requested Kera-Tek Gel IS NOT medically necessary.

Compounded medication (Flurb 20%, Cyclo 40%, Menth 4% cream): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

Decision rationale: The patient presents with pain in her left shoulder, cervical spine, and lumbar spine. The request is for COMPOUNDED MEDICATION (FLURBIPROFEN 20%, CYCLOBENZAPRINE 40%, MENTHOL 4% CREAM). MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. She has spasms in her left

shoulder, stiffness to her cervical spine, a burning sensation on her lumbar spine that radiates down to her legs and spasms/tenderness over her cervical/lumbar spine. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, Cyclobenzaprine is not indicated in a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.