

<b>Case Number:</b>	CM15-0118693		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial/work injury on 7/16/10. She reported initial complaints of neck, left shoulder, left wrist, and left index/thumb finger pain. The injured worker was diagnosed as having sprain of cervical spine, cubital tunnel syndrome, left carpal tunnel syndrome, left shoulder tendinitis, disc osteophyte complexes cervical spine, trigger finger, and de Quervain's tendinitis left wrist. Treatment to date has included medication, psychiatrist, and neoprene wrist/thumb wrap. Currently, the injured worker complains of constant neck and left shoulder pain and stiffness and limited range of motion along with left wrist and elbow pain and left index and thumb pain and locking. Per the primary physician's progress report (PR-2) on 4/29/15, examination notes positive Tinel's testing, left elbow, lacks 4 fingerbreadths for touching chin to chest, extension is 10 degrees, rotation is 15 degrees on right and 18 degrees on the left. Current plan of care included continued psychiatrist treatment, neoprene wrist/thumb wrap, medication and other diagnostic testing. The requested treatments include Keratek gel. The medication list include Cymbalta, Ibuprofen, Lisinopril, Advir, Omeprazole and Trazodone. Patient has received an unspecified number of psychotherapy visits for this injury. The patient's surgical history includes CTR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keratek gel 4oz, #3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** Kera-Tek analgesic gel contains methyl salicylate and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not appropriate. "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The medication list contains Cymbalta. The detailed response of the Cymbalta for this injury was not specified in the records provided. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not appropriate. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. Keratek gel 4oz, #3 is not medically necessary for this patient.