

Case Number:	CM14-0114095		
Date Assigned:	08/01/2014	Date of Injury:	03/08/2013
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

This 40 year old patient had a date of injury on 3/8/2013. The mechanism of injury was not noted. In a progress noted dated 5/22/2014, subjective findings included pain affects cervical spine, lumbar spine, left shoulder, bilateral wrist, bilateral hand, and left knee pain. He has been taking Robaxin and Norco on an as needed basis, noting improvement in pain from 9/10 to 6/10. On a physical exam dated 5/22/2014, objective findings included limited range of motion of lumbar spine, tenderness to palpation over paraspinal muscles bilaterally. Diagnostic impression shows lumbar retrolisthesis, lumbar radiculopathy, chronic cervical strain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/17/2014 denied the request for Kera-Tek gel #120, stating that the product has the same formulation as over the counter products such as BenGay, and there is no medical necessity for this specific brand name.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Kera-Tek gel

Decision rationale: CA MTUS states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. With regard to Brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. Thus, with regard to Brand name topical salicylates, it has not been established that there is any necessity for a specific brand name. It is recommended that the brand name topical be modified to allow for an over-the-counter formulation, with the same topical salicylate ingredients. A search of online resources revealed that Kera-Tek gel active ingredients include menthol 16%, topical analgesic, and methyl Salicylate 28%, topical analgesic) Used for temporarily relief of minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. In a progress report dated 5/22/2014, there was no failure of 1st line oral analgesics, as Norco and Robaxin helped decrease the pain to 6/10 from 9/10. Furthermore, it was not clear why this patient could not use over the counter products such as Ben-Gay, which has the identical ingredients. Therefore, the request for Kera-tek Gel #120 is not medically necessary.