

Case Number:	CM14-0117433		
Date Assigned:	08/06/2014	Date of Injury:	06/12/2009
Decision Date:	09/25/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/26/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 60-year-old male who has submitted a claim for injury to the cervical spine and bilateral shoulders associated with an industrial injury date of June 12, 2009. Medical records from 2013-2014 were reviewed. The patient complained of pain in the cervical spine, lumbar spine and bilateral shoulders, rated at 7 out of 10. The pain radiated to the bilateral lower extremities. Physical examination revealed tenderness to palpation over the cervical spine. Examination of the shoulders revealed tenderness to palpation as well. There was limited range of motion noted for both cervical spine and bilateral shoulders. Treatment to date has included oral medications, physical therapy, home exercise program, use of TENS unit and activity modification. The utilization review dated July 18, 2014 denied the request for Kera-Tek gel because the efficacy and safety of the requested medication has not been established.

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): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 and 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylate.

Decision rationale: According to page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Kera-tek gel contains 28% methyl salicylate and 16% menthol. Page 105 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 (OTC) products such as BenGay. Regarding the Menthol component, the MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA warning indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, there was no mention of previous use of Kera-Tek Gel before this request. The submitted medical records did not document any failure of first-line drugs which would indicate the need to use a topical analgesic. Furthermore, it has not been established that there is any necessity for a specific, brand-name topical salicylate compared to an OTC formulation. Therefore, the request for Kera-Tek Gel is not medically necessary.