

Case Number:	CM14-0119994		
Date Assigned:	08/06/2014	Date of Injury:	03/17/2012
Decision Date:	12/04/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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:

There were 92 pages provided for this review. The application for independent medical review was signed on July 28, 2014. The request was for Keratek analgesic gel with an application of 2 to 3 times per day for the lumbar spine. Per the records provided, the claimant is described as a 31-year-old man injured on March 17, 2012. The patient has neck, lumbar and shoulder pain. He failed Tylenol number three and the Norco. He failed an epidural. Keratek was suggested but it was not approved because it is a topical menthol and metatarsal salicylate in the gel. Menthol is available as a single agent over-the-counter. Salicylate is also available as a single agent over-the-counter. Neither requires the physician to prescribe or to dispense them. Combining these medicines confers no improvement added benefit or efficacy. An MRI of the lumbar spine was done in the past and it showed degenerative changes. The MRI showed disc desiccation at L1-L2 through to L5-S1 with associated loss of disc height and L4-L5. There is straightening of the lumbar Lordotic curvature. Several broad-based posterior disc protrusion's were noted. The patient also appeared to have an exacerbation of hypertension. Other notes mention the patient had pain of the bilateral shoulders and low back pain. The bilateral shoulder pain radiated to the mid back in the low back pain radiated to the left knee. The pain is worse on reaching above shoulder level, sitting, walking and forward bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Topical Analgesics Compounded Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 OF 127.

Decision rationale: Keratek is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract the patient from feeling the aches/pains deeper in the muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately non-certified.