

<b>Case Number:</b>	CM14-0130918		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of August 21, 2012. A utilization review determination dated May 14, 2014 recommends noncertification of a topical compound. A progress report dated August 5, 2014 identifies subjective complaints of neck, back, and bilateral leg pain. The patient had some improvement with physical therapy previously. The patient denies any new numbness or weakness and has pain rated as 7/10. Physical examination findings reveal decreased range of motion in the lumbar spine with normal strength and sensation in the lower extremities. Diagnoses include cervical bulging disc, and lumbar bulging disk. The treatment plan recommends 12 visits of chiropractic therapy and consideration of an epidural steroid injection. A progress report dated August 5, 2014 recommends topical compound medications for osteoarthritis pain and localized peripheral pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek analgesic gel (Menthol 16%, Methyl Salicylate 28%) 1 tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**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): 111-112.

**Decision rationale:** Regarding the request for Kera-tek gel, guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Kera-tek gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Kera-tek gel is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Kera-tek gel is not medically necessary.