

<b>Case Number:</b>	CM14-0128542		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 55-year-old female who was injured on February 14, 2014. The patient continued to experience pain in her cervical spine, thoracic spine, lumbar spine, and right elbow. Physical examination was notable for decreased range of motion of the cervical spine, tenderness to the paraspinal muscles of the thoracic spine, decreased range of motion of the lumbar spine, positive right straight leg raise, mildly decreased strength of the right lower extremity, and decreased sensation of the right lower extremity. Diagnoses included cervical sprain/rule out disc herniation, lumbar sprain/rule out lumbar disc herniation, and right arm contusion. Treatment included medications, physical therapy, and TENS unit. Request for authorization for Kera-Tek analgesic gel was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek Analgesic Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information

**Decision rationale:** Kera-tek analgesic gel is a compounded topical analgesic containing menthol and methyl salicylate. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Menthol is a topical skin product that is available over the counter and is used for the relief of dry itchy skin. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. This medication contains drugs that are not recommended. Therefore, the request is not medically necessary.