

<b>Case Number:</b>	CM14-0181694		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 53-year-old male, who sustained an industrial injury on 09-18-2012. He has reported subsequent low back, right shoulder and bilateral hand pain. Low back pain radiated to the right lower extremity. The injured worker was diagnosed with lumbar spine disc herniation with right lower extremity radicular pain, bilateral hand pain and right shoulder rotator cuff syndrome. Treatment to date has included medication, lumbar epidural steroid injection and TENS unit. In a progress note dated 10/12/2014, the injured worker reported lumbar spine and right hand pain that was rated as 4/10. Objective findings were notable for tenderness to palpation bilaterally over the lumbar paraspinal muscles worse on the right than the left, limited range of motion on the right due to pain, tenderness to palpation of the right shoulder with limited abduction and external rotation and positive Hawkin's test. Work status was noted to be temporarily totally disabled in the most recent progress note. A request for authorization of 2 Kera-Tek gel 4 oz apply a thin layer to affected are two-three times daily as directed by physician was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Kera-Tek Gel 4 oz apply a thin layer to affected area two-three times daily as directed by physician: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm).

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

**Decision rationale:** Kera-Tek contains methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As menthol is not recommended, the request is not medically necessary.