

<b>Case Number:</b>	CM14-0196788		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine, has a subspecialty in Hospital Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 59-year-old gentleman with a date of injury of 02/21/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/15/2014 indicated the worker was experiencing hand numbness involving both sides and pain in the neck, lower back, right shoulder, and both hips. Documented examinations consistently described tenderness in the neck and upper back, positive upper back compression testing, tenderness to the lower back, positive testing involving raising a straightened right leg, tenderness in the right chest, and decreased motion in the upper and lower back joints. The submitted and reviewed documentation concluded the worker was suffering from right scapular fracture, right chest on-going effusion, multiple rib fractures, a pelvic fracture with leg numbness, on-going cervical strain, numbness involving both arms, facial trauma, left shoulder rotator cuff syndrome, and lumbar disk herniation with right leg L5 radiculopathy. Treatment recommendations included oral and topical pain medications, MRI imaging of the upper and lower back, evaluation by spine and hand surgeons, wrist braces for both sides, and urinary drug screen testing. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for an infinite supply of Kera-tek (menthol with methylsalicylate) analgesic gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek ( Menthol and Methyl Salicylate) Analgesic Gel: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The requested medication is a compound containing medications in the topical general pain reliever (menthol 16%) and the non-steroidal anti-inflammatory (NSAID; methylsalicylate 28%) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. They are specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed records contained no discussion detailing extenuating circumstances that sufficiently supported the use of the requested compound in this setting. In the absence of such evidence, the current request for an infinite supply of Kera-tek (menthol with methylsalicylate) analgesic gel is not medically necessary.