

<b>Case Number:</b>	CM14-0198641		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 40 year old female with a work injury dated 12/23/11. She injured herself at work while preparing a turkey for an employee holiday dinner. She bent over and lifted the turkey out of the oven and twisted and turned around to place the turkey on a table behind her. As she twisted while holding the tray with the turkey she felt a sharp pain in her lower back. The diagnoses include lumbar strain, lumbar disc degeneration, right lower extremity radicular pain, gastrointestinal upset secondary to NSAID use. Under consideration is a request for Kera-Tek gel 4oz. There is a 10/22/14 progress note that states that the patient has a chief complaint of lumbar spine and right hip pain. The patient complains of persistent pain in her lower back at 6/10 on a pain scale of 1 to 10. It is constant and remains the same as her last visit as well as right hip pain at 6/10, constant and remains the same since her last visit. The right hip pain radiates down to the right leg with numbness and weakness. The pain is made better with rest and shower. The pain is worse with standing. The patient does not take any oral medications because she has persistent GI issues and heartburn. The patient is not currently working. The objective findings reveal a well developed well nourished female in no acute distress. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinal greater than left. There was normal sensation of 5/5 at L4, L5 and S1 and decreased muscle strength of 4/5 bilaterally at L4, L5 and S1. Deep tendon reflexes. were 2+ bilaterally at patellar and Achilles tendons. Straight leg raise was positive on the right at 70 degrees to posterior thigh. Examination of the right SI Joint revealed no tenderness over the iliac crest or anterior aspect of the hip. The treatment plan includes Omeprazole and follow up with internal medicine for GI issues; request for a spine surgeon consult; pending authorization for

Kera Tek Gel as the patient cannot take oral medications and would benefit from topical analgesics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Kera-Tek analgesic gel 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111-113.

**Decision rationale:** Kera-Tek analgesic gel 4oz is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Kera-Tek is a compounded gel that contains methyl salicylate and menthol. These are the same ingredients contained in ultra strength Ben Gay. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation is not clear on why the patient cannot take over the counter Ben Gay rather than the prescription Kera-Tek. The documentation indicates that the patient has tried Kera-Tek gel for at least 6 months without evidence of functional improvement. The request for Kera-Tek gel is not medically necessary.