

<b>Case Number:</b>	CM14-0200450		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab and is licensed to practice in Arizona. 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 29-year-old female who reported an injury on 08/22/2011. The mechanism of injury was not provided. Her diagnoses was noted as cervical spine sprain/strain, status post lumbar spine surgery, and bilateral hip sprain/strain. Her past treatment was noted to include surgery, medication, rest, topical analgesic, physical therapy, and epidural steroid injection. Surgical history was noted to include left sided L5-S1 laminectomy and decompression performed on 06/26/2014. During the assessment on 10/15/2014, the injured worker complained of neck pain, which she rated a 6/10. She indicated that the pain was frequent and slightly improved. She also complained of pain in the lower back, which was rated 3/10, with frequent radiation of pain into the bilateral legs and bilateral hips. She indicated that the pain in the lower back and bilateral hips had improved since the surgery on 06/26/2014. Physical examination of the cervical and lumbar spine revealed decreased range of motion with tenderness. Her medication was noted to include Norco and Kera Tek analgesic gel. Dose and frequencies were not provided. The treatment plan was to continue with physical therapy of the lumbar spine, and continue with Kera Tek analgesic gel and Norco. The rationale for Kera Tek gel was not provided. The Request for Authorization form was dated 10/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek gel 4oz two to three times daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Kera-tek gel 4oz two to three times daily is not medically necessary. The California MTUS Guidelines indicate 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 requested Kera Tek gel contains menthol and methyl salicylate gel. California MTUS Guidelines recommend topical salicylate, as it is significantly better than placebo in chronic pain. While the guidelines support the use of topical salicylates, there was no documentation regarding the failure of antidepressants and anticonvulsants. Additionally, the application site for the proposed medication was also not provided. Given the above, the request is not medically necessary.