

<b>Case Number:</b>	CM15-0130441		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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

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 injured worker is a 50-year-old male who sustained an industrial injury on 3/19/2013 resulting in pain in his neck, bilateral wrists, lower back, bilateral knees, legs, ankles, and feet. He was diagnosed with chronic cervical and lumbar strain with degenerative changes. Treatment has included physical therapy from which some improvement was noted, cervical epidural injection, trigger point injections reporting 80% improvement, acupuncture and chiropractic treatment with no noted improvement, and medication. The injured worker continues to present with chronic cervical and lumbar pain. The treating physician's plan of care includes Kera-tek gel. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek gel (Methly salicylate/menthol): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 111-113.

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

**Decision rationale:** As per MTUS chronic pain guidelines, most topical analgesics are considered experimental with little evidence to support its use. Kera-tek is a compounded product containing methyl-salicylate and menthol. Methyl salicylate has been shown to be superior to placebo but should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine or hip. Pt has spinal pain and multi-body pain. There is no documentation to support where this topical compound is to be used. Patient has been using this medication with no documentation of any improvement in pain or function. Chronic use with no documentation of any benefit does not support prescription for Kera-tek gel. Kera-tek is not medically necessary.