

Case Number:	CM15-0134477		
Date Assigned:	07/22/2015	Date of Injury:	05/17/2005
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male with an industrial injury dated 05/17/2005. The injured worker's diagnoses include cervical disc herniation, lumbar disc herniation, status post lumbar surgery, left shoulder rotator cuff syndrome and status post previous left shoulder arthroscopy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/08/2015, the injured worker reported cervical spine, lumbar spine and left shoulder pain. Objective findings revealed loss of cervical range of motion and positive cervical compression on the left with radiation of pain to the left upper extremity. Lumbar spine exam revealed positive straight leg raises on the left with radiation of pain into left posterior thigh. Left shoulder exam revealed loss of range of motion with positive impingement sign. The treatment plan consisted of medication management, authorized Magnetic Resonance Arthrogram (MRA), and follow up appointment. The treating physician prescribed Kera-tek gel (methyl salicylate/menthol) 4oz now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera tek gel (methyl salicylate/menthol) 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Keratek gel (methyl salicylate/menthol) 4 ounces is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are cervical disc herniation; lumbar disc herniation; status post lumbar surgery; left shoulder rotator cuff syndrome; and status post previous left shoulder arthroscopy. The date of injury is May 17, 2005. The request for authorization is June 1, 2015. According to a progress note dated May 1, 2015, the injured worker's subjective complaints include neck pain, left shoulder arm and low back pain. Treatment plan does not indicate to what anatomical region the Keratek gel is to be applied. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. Consequently, absent guideline recommendations, Keratek gel (methyl salicylate/menthol) 4 ounces is not medically necessary.