

<b>Case Number:</b>	CM15-0168374		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on 10-24-14. He reported pain in the mid and lower back while carrying a box of sodas which weighed 45-50 pounds. The injured worker was diagnosed as having degenerative disc disease at T12-L1 with mild canal stenosis, facet arthropathy and degenerative changes with mild canal stenosis at L3-5, morbid obesity, and bilateral lower extremity radiculitis. Treatment to date has included massage, physical therapy, a home exercise program, and medication including Ibuprofen and Tylenol #3. On 7-17-15 Kera-Tek gel was noted to decrease pain to 6 of 10 from 8 of 10. On 7-17-15 physical examination findings included decreased lumbar range of motion, tenderness in the paraspinal muscles and lumborum muscles, and hypertonicity bilaterally with a positive straight leg raise on the right. The injured worker had been using Kera-Tek gel since at least 7-17-15. Currently, the injured worker complains of low back pain rated as 8-10 of 10 that radiates down bilateral legs with numbness. On 7-29-15 the treating physician requested authorization for Kera-Tek gel 4oz for lumbar pain. On 8-5-15 the request was non-certified; the utilization review physician noted "the CA MTUS does not support the use of topical compound medications, as they are of unproven efficacy."

### 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) 4 ounces, apply a thin layer 2-3 times per day or as directed for lumbar pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for Kera-Tek Gel (Methyl Salicylate/Menthol) 4 ounces, apply a thin layer 2-3 times per day or as directed for lumbar pain. Treatment to date has included massage, physical therapy, a home exercise program, and medication including Ibuprofen, topical cream and Tylenol #3. The Kera-Tek gel contains Methyl salicylate and Menthol. MTUS Guidelines, Topical Analgesics section, page 111 under Non-steroidal anti-inflammatory agents (NSAIDS) has the following: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment". There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use.' Per report 07/17/15, the patient presents with chronic mid and lower back. Physical examination findings included decreased lumbar range of motion, tenderness in the paraspinal muscles and lumborum muscles, and hypertonicity bilaterally with a positive straight leg raise on the right. The patient reports that Kera Tek gel reduces pain from 8/10 to 6/10. MTUS guidelines indicate that topical formulations containing NSAIDS are appropriate for complaints in the peripheral joints only. This patient presents with chronic back pain with a radicular component in the bilateral lower extremities. MTUS guidelines specifically state that topical NSAIDs are not supported for the treatment of hip, spine, or shoulder complaints. Without evidence of a peripheral complaint amenable to topical NSAIDs, this medication cannot be substantiated. Therefore, the request is not medically necessary.