

<b>Case Number:</b>	CM15-0196926		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/24/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: 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 24 year old female, who sustained an industrial injury on 5-24-15. She reported pain in the head, neck and lower back. The injured worker was diagnosed as having cervical strain, rule out cervical disc herniation, left upper extremity radicular pain with numbness, and lumbar strain. Treatment to date has included chiropractic treatment and medication including Acetaminophen, Nabumetone, Orphenadrine Citrate, and Tramadol. On 7-30-15 the treating physician noted the injured worker had difficulties with the following activities of daily living: combing hair, typing, standing, reclining, and sleeping. Physical examination findings on 7-30-15 included decreased cervical spine range of motion with tenderness in the suboccipital region and cervical paravertebral muscles. Cervical compression test was positive and Spurling's and shoulder decompression tests were positive bilaterally. Sensation was decreased in the C6-7 nerve distributions. Lumbar spine range of motion was decreased and tenderness to palpation was noted in the lumbar paraspinal and quadratus lumborum muscles. Straight leg raise and Kemp's tests were negative bilaterally. On 7-30-15 neck pain was rated as 5 of 10 and back pain was rated as 3 of 10. On 7-30-15, the injured worker complained of neck pain with radiation to the shoulders and numbness and tingling in the left hand. Low back pain was also noted. On 8-29-15 the treating physician requested authorization for Kera-Tek gel 4oz. On 9-2-15, the request was non-certified.

### 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 oz: Overturned**

**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:** It is noted in the MTUS that topical pain medication use is largely experimental and lack randomized controlled trials. They are mostly used for neuropathic pain after trials of antidepressants and anticonvulsants have been tried. The medicine is applied locally and lack systemic side effects, drug interactions, and need to titrate dose. Many are compounded from different medicines. The effects of each component must be known and if there is one compound not recommended in the mixture the entire compounded medicine cannot be recommended. We note that the specific medication methyl salicylate is the active component in Ben Gay topical medicine and is a recommended medicine for pain treatment and has been found superior to placebo for pain control. We note that methylsalicylate is the active component in this topical preparation and has been found to be effective in treating chronic pain. This patient is on various medications to treat her pain and is still symptomatic. This benign topical medication could aid in the efficacy of the patient's present drug regimen. Therefore, the UR decision is overturned and this medicine should be approved. Therefore, the requested treatment is medically necessary.