

Case Number:	CM15-0198882		
Date Assigned:	10/14/2015	Date of Injury:	09/18/2009
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old male with an industrial injury dated 09-18-2009. A review of the medical records indicates that the injured worker is undergoing treatment for history of blunt head trauma with continuing headaches, cervical spine disc herniation with stenosis, thoracic spine injury rule out disc herniation, lumbar spine disc herniation with stenosis and fibromyalgia. In a progress report dated 07-08-2015, the injured worker reported continued total body pain, chronic fatigue and problem sleeping. The injured worker also reported morning gel phenomenon, increase back pain and paresthesias in legs. Objective findings (07-08-2015) revealed tight thoracic paraspinal and increase thoracic kyphosis. According to the progress note dated 08-27-2015, the injured worker reported persistent pain in the neck, upper back, head and lower back pain. Neck pain radiates to the bilateral hands with weakness, numbness, and tingling. The pain is decreased with rest and medication pills and increased with activities. Pain level was 8 out of 10 on a visual analog scale (VAS). Current medications include Flexeril, Gabapentin and a supplement Dramamine. The injured worker also takes over the counter Ibuprofen and Tylenol on occasion. The injured worker is not currently working. Objective findings (08-27-2015) revealed decreased range of motion of the cervical spine, tenderness to palpitation and hypertonicity to the paraspinals, positive cervical compression test, and decreased sensation and strength, and tenderness to the suboccipital region bilaterally. Thoracic spine exam revealed tenderness to palpitation of paraspinals with decreased range of motion and tenderness to the midline at T2-T4. Treatment has included urine toxicology screen dated 07-08-2015, prescribed medications, and periodic follow up visits. The treatment plan included neurology consultation, medication management and physical therapy. The treating physician

prescribed Kera-Tek gel (methyl salicylate-menthol), 4 oz, now under review. The utilization review dated 09-18-2015, non-certified the request for Kera-Tek gel (methyl salicylate-menthol), 4 oz.

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: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Kera Tek contains a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had been on the gel for over a month. The continued use of KeraTek gel is not medically necessary.