

Case Number:	CM15-0203933		
Date Assigned:	10/20/2015	Date of Injury:	07/15/2011
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 62-year-old female with a date of industrial injury 7-15-2011. The medical records indicated the injured worker (IW) was treated for multilevel disc disease with disc herniation and loss of alignment of the cervical spine; left parascapular myalgia; and thoracic sprain-strain, rule out disc herniation. In the progress notes (10-5-15), the IW reported cervical spine pain was improved to 2 to 6 out of 10 since the epidural steroid injection on 9-3-15. She complained of thoracic and lumbar spine pain and pain in the bilateral upper extremities rated 8 out of 10, which was unchanged since the last visit. Kera-Tek gel was prescribed. The IW was not taking oral medications. On examination (8-15-15 and 10-5-15 notes), there was decreased range of motion in the cervical and thoracic spine as well as the bilateral shoulders. There was hypertonicity in the trapezius muscles, greater on the left, and in the thoracic paraspinals. Sensation and strength was decreased on the left at C5 through C8. Treatments included epidural steroid injection at C6-7 on 9-3-15. The IW was on modified work duty. A Request for Authorization was received for Ker-Tek gel (Methyl Salicylate and Menthol), 4 oz. The Utilization Review on 10-9-15 non-certified the request for Ker-Tek gel (Methyl Salicylate and 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) 4oz: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Official Disability Guidelines, Kera-Tek Gel (Methyl Salicylate/Menthol) 4oz 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 multilevel disc disease with disc herniation and loss of alignment cervical spine; loss of lordotic curvature with kyphosis and osteophytes cervical spine; left parascapular myalgia; and thoracic spine sprain strain. Date of injury is July 15, 2011. Request for authorization is October 5, 2015. According to a September 23, 2015 progress note, the injured worker's subjective complaints include cervical, thoracic, lumbar, left shoulder and bilateral upper extremity pain. The injured worker received a recent cervical spine epidural steroid injection on September 3, 2015 with some improvement. Objectively, there is tenderness to palpation in the paraspinal muscle groups of the cervical, thoracic, lumbar regions and left shoulder. Methyl salicylate and menthol are available in over-the-counter preparations. Methyl salicylate is significantly better in acute pain syndromes, rather than chronic. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the availability of these preparations in over-the-counter form, guideline recommendations for methyl salicylate especially with acute pain, and no failed first-line treatment with antidepressant for anticonvulsants, Kera-Tek Gel (Methyl Salicylate/Menthol) 4oz is not medically necessary.