

<b>Case Number:</b>	CM15-0204027		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker is a 34 year old female who sustained an industrial injury on 10-31-14. A review of the medical records indicate that the worker is undergoing treatment for bilateral shoulder strain, bilateral elbow strain, bilateral wrist strain, and bilateral knee contusion. Subjective complaints (8-24-15) include pain in the right elbow rated 7 out of 10, worse than last visit and it radiates to the right biceps, and pain in the right knee rated at 9-10 out of 10 and is reported to be the same as last visit. Objective findings (8-24-15) include left shoulder tenderness to palpation and limited external rotation, bilateral wrists tenderness to palpation (dorsal and radial compartments), bilateral knee full range of motion with flexion and extension, neurovascular status intact distally and strength on the left was 4 out of 5 and on the right 5 out of 5. It is noted the worker continues with chronic pain affecting the right knee, has been intolerant to other treatment including medications and remains significantly symptomatic and Kera-Tek Gel is prescribed to maintain painful symptoms, restore activity levels and aid in functional restoration. Also noted is to continue with physical therapy and use of the cane as needed. Work status is noted as return to modified work on 8-24-15. Previous treatment includes medication and physical therapy-right knee (2 of 12 sessions completed thus far). The requested treatment of 1 tube of Kera-Tek Gel (Methyl Salicylate-Menthol) 4 oz was non-certified on 9-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 tube of 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 Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 1 tube Kera-tek 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 bilateral shoulder strain; bilateral elbow strain; bilateral wrist strain; and bilateral knee contusion. Date of injury is October 31, 2014. Request for authorization is September 11, 2015. According to an August 24, 2015 progress note, subjective complaints include left shoulder pain, bilateral hand and wrist and knee pain. Injured worker has completed 2 out of 12 physical therapy sessions. Objectively, there is tenderness to palpation over the left shoulder and wrists. Methyl salicylate and menthol are available in over-the-counter preparations. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. There is no documentation in the medical record indicating the specific area to be treated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and the availability in over-the-counter preparations, 1 tube Kera-tek gel (methyl salicylate, menthol) 4 ounces is not medically necessary.