

<b>Case Number:</b>	CM15-0029145		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New Jersey

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 40 year old male, who sustained an industrial injury on 8/14/2014. The diagnoses have included acute severe strain of left trapezius muscle, acute lumbar strain of left paraspinal musculature and bilateral lower extremity numbness. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/13/2015, the injured worker complained of cervical spine, lumbar spine and left shoulder pain. Neck and shoulder pain was rated as 7/10 and frequent. Low back pain was rated as 7/10 and constant. The pain was made better by rest and medication. The injured worker had stopped taking Naprosyn due to gastrointestinal upset. He was using Kera-Tek analgesic gel twice a day which decreased his pain from 7/10 to 4-5/10 and allowed him to do more activities of daily living. Exam of the cervical spine revealed tenderness and limited range of motion. Exam of the lumbar spine revealed tenderness in the midline and both paraspinals. There was positive straight leg raise in the left lower extremity. Exam of the left shoulder revealed decreased range of motion. Authorization was requested for Kera-Tek analgesic gel. On 1/26/2015, Utilization Review (UR) non-certified a request for Kera-Tek analgesic gel 4 ounce. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel 4 oz:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Kera-Tek is a topical analgesic which includes the active ingredients, methyl salicylate and menthol. Topical salicylates, according to the MTUS Chronic Pain Guidelines, are recommended for general use in chronic pain as they have been shown to be superior to placebo. However, in order to justify continuation, there needs to be evidence of functional benefit. In the case of this worker, there were reports of significant benefit with the use of Kera-Tek on a regular basis, providing a reduction of pain from 7/10 to 4-5/10 and allowing better sleep, more exercise, and better activity. Although the Kera-Tek is a combination product with an approved product (methyl salicylate) and menthol, which isn't recommended or non-recommended in the Guidelines, but is a very low risk topical medication, the benefit of its use is clear with this worker, and it is reasonable to continue it. In the opinion of this reviewer, the Kera-Tek is medically necessary.