

Case Number:	CM15-0212270		
Date Assigned:	11/02/2015	Date of Injury:	05/22/2013
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This 49 year old male sustained an industrial injury on 5-22-13. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar disc herniation and left lower extremity L5 nerve root weakness. Previous treatment included lumbar surgery (November 2013), physical therapy, injection and medications. In an initial orthopedic evaluation dated 8-27-15, the injured worker complained of intermittent low back pain associated with weakness, numbness and ting in the left leg, rated 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation and hypertonicity of the lumbar paraspinal musculature and tenderness to palpation to the left quadratus lumborum, range of motion: flexion 40 degrees, extension 20 degrees, right lateral flexion 15 degrees and left lateral flexion 20 degrees, positive left straight leg raise and Kemp's test, decreased sensation in the left L5 and S1 distribution and 4 out of 5 strength in the left L5 distribution. The treatment plan included Kera-Tek gel and obtaining electromyography and nerve conduction velocity test results from 2015. On 10-15-15, Utilization Review noncertified a request for one prescription of Kera-Tek gel (methyl salicylate with menthol), 4 ounce.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription 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): Salicylate topicals. Decision based on Non-MTUS Citation Topp R1, et. al., The effect of either topical menthol or a placebo on functioning and knee pain among patients with knee OA., J Geriatr Phys Ther. 2013 Apr-Jun; 36 (2):92-9. doi: 0.1519/JPT.0b013e318268dde1.

Decision rationale: Kera-Tek gel includes the primary ingredients, methyl salicylate and menthol. The MTUS Chronic Pain Treatment Guidelines state that topical salicylates, such as methyl salicylate, are significantly better than placebo in chronic pain and are recommended, considering their low risk. However, in order to justify continuation chronically, there needs to be evidence of functional benefit. The MTUS and ODG do not specifically address topical menthol use, however, they consider all topical analgesics somewhat experimental due to limited quality studies to show effectiveness and safety. Topical use of menthol, however, is very safe and has some evidence to show that it is effective at both reducing pain as well as increasing function with chronic pain. At least a trial of topical menthol may be indicated, however, in order to justify continuation a clear documentation of pain reduction and functional improvement with its use is required. In the case of this worker, Kera-Tek gel was prescribed and supposedly used by the worker leading up to this request for renewal for the purpose of improving function. However, no specific report was found regarding Kera-Tek gel use and how it improved functional levels and reduced symptoms measurably to justify this request for Kera-Tek continuation. Therefore, without documented evidence of benefit, the Kera-Tek will be considered medically unnecessary.