

<b>Case Number:</b>	CM15-0222001		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old female with a date of industrial injury 12-3-13. The medical records indicated the injured worker (IW) was treated for other intervertebral disc degeneration, lumbar region; low back pain; and radiculopathy, lumbar region. In the progress notes (10-1-15), the IW reported persistent lower back pain rated 0.5 to 1 out of 10. The pain was intermittent and improved, but a little worse on the left side. She denied any radiation of pain into the lower extremities at that time. At the 8-31-15 visit, she had complaints of thoracic spine pain rated 4 out of 10, with numbness in the bilateral feet. Rest and medications improved the pain, while activities and weather changes made it worse. On examination (10-1-15 notes), range of motion of the lumbar spine was slightly decreased and there was slight tenderness to the paraspinals, left greater than right. Neurovascular status was intact distally. Treatments included anti-inflammatory medications, physical therapy, home exercise program and chiropractic care. She was working without restrictions. Treatment included continued Ibuprofen, with additional Kera-Tek gel for topical pain relief and improved function. There was no documentation of a previous trial of antidepressant or anti-epileptic medication. A Request for Authorization dated 10-16-15 was received for Kera-Tek gel (methyl salicylate-menthol) 4 ounces. The Utilization Review on 10-23-15 non-certified the request for Kera-Tek gel (methyl salicylate-menthol) 4 ounces.

### 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): Salicylate topicals, Topical Analgesics.

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

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Kera-Tek gel (methyl salicylate/menthol), 4 oz. The treating physician report dated 10/1/15 (13B) states, "This patient has been intolerant to other treatment and does remain significantly symptomatic. At this time, I am prescribing Kera-tek gel to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration." The MTUS guidelines page 111 regarding topical NSAIDs states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." In this case, the medication is not indicated for low back pain and there is no diagnosis of arthritis in the knee or other joints that are amendable to topical treatment. The current request does not satisfy the MTUS guidelines as outlined on pages 111-113. The current request is not medically necessary.