

<b>Case Number:</b>	CM15-0055102		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/24/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 35 year old female, who sustained an industrial injury on November 24, 2014. She reported a blunt trauma injury of the head. The injured worker was diagnosed as having contusion of vertex of scalp, cervical strain, and cervicgia. Treatment to date has included modified work, and computed tomography scan. On December 30, 2014, she was seen for complaint of headache, full body weakness, blurry vision, dizziness, neck pain, and stiffness. The treatment plan included: On January 29, 2015, she complains of headache, dizziness, weakness, pain, and stiffness. A treatment plan included work restrictions. Diagnostic testing reports are not available for this review. The request is for Kera-Tek analgesic gel and Tramadol (Ultram) 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesic gel #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topical analgesic Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate topicals, Topical analgesics.

**Decision rationale:** Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." The medical documents do not support the use of this topical compound agent at this time and have not met the above guidelines. As such, the request for Kera-Tek analgesic gel #1 is not medically necessary.