

<b>Case Number:</b>	CM14-0114958		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 37-year-old male with a 4/3/06 date of injury. At the time (5/13/14) of the request for authorization for 1 Kera-Tek analgesic gel, there is documentation of subjective (persistent lower back pain, worsening and radiating into his left thigh, also complaining of right ankle pain) and objective (limited range of motion, tenderness noted over the paraspinal muscles bilaterally right greater than left, Kemp's test was positive bilaterally, sensation in the L4 and L5 nerve distribution was decreased on the left, tenderness noted over the medial malleoli) findings, current diagnoses (chronic lumbar strain, rule out disc herniation, right lower extremity radicular pain, and slightly impaired gait secondary to lower back pain), and treatment to date (medication including opioids). There is no documentation that trial of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>

**Decision rationale:** Medical Treatment Guideline identifies Kera-Tek gel as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar strain, rule out disc herniation, right lower extremity radicular pain, and slightly impaired gait secondary to lower back pain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for 1 Kera-Tek analgesic gel is not medically necessary.