

<b>Case Number:</b>	CM14-0141374		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The injured worker is a 52 year old male who reported an injury on 05/23/2013. The mechanism of injury was not provided. His diagnoses were listed as lumbar disc herniation, lower extremity radicular pain, right upper extremity pain, and healed left middle finger laceration. The past treatment was medication. The diagnostic studies included an Electromyography (EMG)/Nerve Conduction Study (NCS) on 09/24/2013 which noted no electroneurographic evidence of neuropathy was seen in the lower extremities or lumbar. There were no relevant surgeries noted. On 07/16/2014, the injured worker complained of lumbar spine, right lower extremity and left middle finger pain. He rated his pain 5/10 on a pain scale. He reported that the use of pain medication reduced his pain to 0-1/10. Upon physical examination, the injured worker was noted to have decreased range of motion with tenderness in the lumbar spine. There was decreased sensation to the left only at L4, L5 and S1. The motor strength was normal. His medications included ultram. The treatment plan was to obtain authorization for a new pain management consultation, possible epidural steroid injections, and an authorization for Kera-Tek analgesic gel for chronic pain. The request for authorization form was signed and submitted on 07/24/2014.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics, Page(s): 105,111.

**Decision rationale:** The request for Kera-Tek analgesic gel 4 oz is not medically necessary. The California MTUS Guidelines state that topical salicylate is significantly better than placebo in chronic pain. Additionally, the guidelines state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants.) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documentation did not provide sufficient evidence to show the intended therapeutic effect of menthol and whether the injured worker had tried and failed methyl salicylate as monotherapy. In the absence of the documentation specifying why menthol is necessary in combination with methyl salicylate, the request is not supported. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.