

<b>Case Number:</b>	CM14-0171769		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 44 year old male with the injury date of 09/07/2013. The patient presents pain in his neck and shoulders, radiating down both of his arms with tingling or numbing sensations. His neck pain radiates up his head and causes headaches frequently. The patient presents slight limited range of cervical motion, with increased pain towards terminal range of motion. The patient also reports having pain in his lower back, radiating down his right leg. MRI in December 2013 reveals a 5mm tear in his lower back. The pain level is varies depending on his activities or the intake of medication throughout the day. Per 08/11/2014 report, the patient is not working. Per 08/11/2014, the patient is taking OTC Aspirin. Diagnosis on 09/22/2014 is cervical disc displacement. The utilization review determination being challenged is dated on 10/10/2014. Three treatment reports were provided from 12/12/2013 to 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek gel #113:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Salicylate topical section Page(s): 105, 111.

**Decision rationale:** The patient presents with pain in his neck, radiating down his arms bilaterally. The request is for Kera Tek Gel # 113. Kera- Tek analgesic gel contains Menthol 16g in 100g and Methyl Salicylate 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. The review of the reports does not show discussion specific to this medication, except the 09/22/2014 report request for this medication "apply 1-2grams 2-3 times per day or as directed, 4 oz. bottle, refill." There is no documentation of its efficacy. The patient does not present peripheral joint arthritis/tendinitis problems for which this product may be indicated, either. Therefore, this request is not medically necessary.

**Flurb/Cyclo/Menth cream 20%/10%/4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain in his neck and lower back, aggravated by his activities. The request is for Flurbiprofen/Cyclobenzaprine/Menth cream 20%/10%/4%. MTUS guidelines do not recommend Cyclobenzaprine as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical Cyclobenzaprine, therefore, this request is not medically necessary.