

Case Number:	CM14-0181448		
Date Assigned:	11/06/2014	Date of Injury:	04/03/2013
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 24-year-old male with an original industrial injury on April 3, 2013. The industrial diagnoses include chronic elbow pain, facial contusion, acute cervical sprain, left arm contusion, and ulnar neuropathy. The disputed request is for a topical medication, Keratek. The requesting provider had written for this medication in his attempt to decrease the amount of Norco required. This was denied in a utilization review determination. The utilization reviewer pointed out that this compounded medication consists of menthol and methyl salicylate. It was felt to be similar to over-the-counter preparations which contain the same active ingredients such as BenGay, and therefore the request was modified to an over-the-counter formulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: With regard to the request for Keratek, this is a topical formulation consisting of menthol and methyl salicylate. The California Medical Treatment Utilization

Schedule does not have specific guidelines regarding menthol. The Chronic Pain Medical Treatment Guidelines on page 105 states the following with regard to salicylate topicals: "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" Furthermore, methyl salicylate is known to metabolize into salicylic acid which is a known NSAID. The guidelines of topical NSAIDs recommend use for the short-term (4-12 weeks) in joints that are amenable to topical therapy. The requesting provider had written for this medication in his attempt to decrease the amount of Norco required as documented in a PR-2 on 9/17/14. This is appropriate per MTUS, and there is no requirement that the injured worker needs to try an over the counter formulation such as Ben-Gay prior to trialing a prescription strength menthol/methyl salicylate combination. This request is medically necessary.