

Case Number:	CM14-0192680		
Date Assigned:	11/26/2014	Date of Injury:	11/23/2013
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 47 year old patient with date of injury of 11/23/2013. Medical records indicate the patient is undergoing treatment for acute cervical strain, acute lumbar strain and right lateral epicondylitis. Subjective complaints include neck pain, back pain and right arm pain. Objective findings include ambulation without difficulty, right elbow exam revealed minimal tenderness with full range of motion; tenderness in cervical spine paraspinals and trapezius muscles; tenderness over midline lumbar spine and paraspinal with limited flexion and extension due to pain; pain rated 4/10. Treatment has consisted of physical therapy, home exercise program, chiropractic therapy, Norco, Advil. The utilization review determination was rendered on 10/24/2014 recommending non-certification of Kera-Tek Analgesic Gel 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

KERA-TEK ANALGESIC GEL 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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." Guidelines recommend against the use of compounded products and topical pain relievers that contain menthol and methyl salicylate as these medications can cause burns. The treating physician has not documented functional improvement with this medication. As such, the request for Kera-Tek Analgesic Gel 4oz is not medically necessary.