

Case Number:	CM15-0118157		
Date Assigned:	06/26/2015	Date of Injury:	09/14/1999
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 58-year-old female who sustained an industrial injury on 9/14/1999 resulting in upper, mid, and lower back pain and limited mobility. The injured worker was diagnosed with chronic cervical and lumbar strain and headaches. Treatment has included medication, epidural steroid injections, chiropractic therapy, physical therapy, aquatic therapy and vocational rehabilitation, all of which she has reported provide temporary, minimal relief. The injured worker continues to complain of pain and poor mobility. The treating physician's plan of care includes Kera-tek analgesic gel. She is presently not working.

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 Ounces for the Cervical/Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: This patient receives treatment for chronic pain syndrome involving the entire back. This relates back to an industrial injury on 09/14/1999. The medical diagnoses include cervical and lumbar sprain and headaches. This review addresses a request for refills of Kera-tek gel. This compounded topical gel contains menthol (an irritant) and methyl salicylate (an NSAID). The manufacturer of this OTC compounded gel recommends this agent for the temporary relief of musculoskeletal soreness. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Menthol is not recommended to treat chronic pain in any formulation. NSAIDs, while beneficial in their oral form, are not medically indicated to treat chronic pain in their topical form. This compounded analgesic gel is not medically necessary.