

<b>Case Number:</b>	CM15-0165696		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 31 year old female who sustained an industrial injury 01-09-15. A review of the medical records reveals the injured worker is undergoing treatment for right knee strain and left wrist strain. Medical records (07-02-15) reveal the injured worker complains of pain in the left wrist-hand rated at 8/10 and right knee pain rated at 9/10. The physical exam (07- 02-15) reveals decreased range of motion in the left wrist and right knee, as well as muscle strength at 4/5 in the median and ulnar nerve distribution. Prior treatment includes 4 shock wave treatments to the left wrist-hand, physical therapy, and medications. The original utilization review (08-05-15) non-certified the request for Kera-Tek gel 4oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek gel methyl salicylate and menthol 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Menthol topical.

**Decision rationale:** This claimant was injured in 2015 with a right knee and left wrist strain. There was still pain and decreased range of motion in the left wrist and right knee. This proposed medicine is a combination of methyl salicylate and menthol. The MTUS notes that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004). This product is used to treat minor aches and pains of the muscles/joints (e.g., arthritis, backache, sprains). Further, menthol and methyl salicylate are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract the user from feeling the aches/pains deeper in the muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately clinically non-certified.