

Case Number:	CM15-0172030		
Date Assigned:	09/14/2015	Date of Injury:	11/15/2012
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 54 year old female, who sustained an industrial injury on 11-15-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral upper extremity pain, chronic cervical strain and degenerative disc pain. Medical records (01-08-2015 to 07-13-2015) indicate ongoing cervical spine pain and right hand pain. Records also indicate no changes in activities of daily living or work status. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 06-22-2015 and 07-13-2015, revealed persistent neck pain rated 7-8 out of 10 in severity and described as constant with radiation of pain to the right shoulder which was noted to be unchanged from previous exam. The IW also complained of slightly worsening intermittent right hand pain that was rated 4-5 out of 10 in severity. There was also reports of hypertonicity and a positive Spurling's on the left. Pain was reported to be improved with the use of Norco. The physical exam (07-13-2015) revealed restricted range of motion (ROM) in the cervical spine, positive cervical compression test on the left, positive Spurling's test on the left, decreased sensation along the left upper extremity, decreased sensation at the C5, C6, C7 and C8 on the left, and decreased deep tendon reflexes of the left biceps. There was no exam of the right wrist as the injured worker had just undergone a recent right carpal tunnel release. There were no significant changes in these reports. Relevant treatments have included right carpal tunnel release (06-19-2015), 1 out of 12 approved physical therapy (PT) sessions, injections, work restrictions, and medications (which have included ibuprofen, Norco, and prior use of Kera-Tek gel) without documented ongoing improvement. The medical records contained the following diagnostic report: x-rays of the left hand (05-2015) showing evidence of erosive osteoarthritis. The request for authorization (07-23-2015) shows that the following medication was requested: Kera-Tek

gel (Methyl Salicylate/Menthol) 4oz, apply a thin layer two to three times a day. The original utilization review (08-06-2015) denied the request for Kera-Tek gel (Methyl Salicylate/Menthol) 4oz based on the absence of documented evidence of the failure of first-line treatment with antidepressants or anticonvulsants.

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/Menthol) 4oz, apply a thin layer two to three times a day:
Overturned

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, Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>.

Decision rationale: Per manufacturer's information, Kera-tek gel is a topical analgesic containing the active ingredients Menthol and Methyl Salicylate. Kera-tek gel is indicated for the temporarily relief of minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The request for Kera-Tek gel (Methyl Salicylate/Menthol) 4oz, apply a thin layer two to three times a day is determined to be medically necessary.