

<b>Case Number:</b>	CM15-0174968		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Illinois

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 41 year old female who sustained an industrial injury 01-14-10. A review of the medical records reveals the injured worker is undergoing treatment for multilevel disc disease of the cervical and lumbar spines with multiple disc bulges, left cubital tunnel syndrome, right shoulder impingement syndrome, and left gastrocnemius sprain-strain. Medical records (08-11-15) reveal the injured worker complains of persistent pain in the neck, lower back and left shoulder, all rated at 8/10. The physical exam (08-11-15) reveals loss of range of motion of the cervical and lumbar spines and left shoulder. Loss of sensation was noted over the lateral arm, lateral forearm, as well as the lateral lower leg and dorsal foot. Left leg quadriceps strength was noted to be 4/5 with tenderness over the medial joint lines, gastrocnemius with palpation, as well as swelling. Prior treatment includes Kera-Tek gel. The original utilization review (08-18-15) non certified the request for Kera-Tek gel. The documentation supports that the injured worker has been using Kera-Tek gel since at least 05-28-15.

### 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:** 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): Topical Analgesics.

**Decision rationale:** The injured worker sustained a work related injury on 01-14-10. The medical records provided indicate the diagnosis of multilevel disc disease of the cervical and lumbar spines with multiple disc bulges, left cubital tunnel syndrome, right shoulder impingement syndrome, and left gastrocnemius sprain-strain. Treatments have included Kera-Tek gel. The medical records provided for review do not indicate a medical necessity for Kera-Tek Gel (methyl salicylate/menthol), 4oz. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended; therefore, the requested treatment is not medically necessary.