

<b>Case Number:</b>	CM14-0155687		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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:

The injured worker injured her low back on 6/29/13 when a chair collapsed. Since that time, she has been treated for pain in the low back with some radiation into the left lower extremity. Treatment has included chiropractic treatment, physical therapy, heat/cold therapy, Ultram, Motrin, Flexeril and Voltaren gel. Additionally, Kera-Tek analgesic gel was requested. No antidepressants or anticonvulsants have been used. Her medication management has improved symptoms allowing her to return to work in a modified position.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek analgesic for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Kera-Tek is a combination analgesic medication using methyl salicylate and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not

indicate failure of such treatments. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Kera-Tek analgesic gel is not medically necessary.