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| <b>Case Number:</b>   | CM14-0167745 |                              |            |
| <b>Date Assigned:</b> | 10/15/2014   | <b>Date of Injury:</b>       | 11/22/2013 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 10/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/10/2014 |

### 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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 40 year old female sustained an injury on 11/22/2013 when she was attacked by a student sustaining injury to her back, left knee, face, and neck. On 09/27/2014, the patient presented with complaints of bilateral knee pain, and facial pain secondary to a history of dental trauma. She reported bruxing at night secondary to the stress and anxiety. She rated her pain as 9/10. On exam, the left knee revealed slightly decreased range of motion and tenderness over the medial joint line. She is diagnosed with left knee effusion and facial trauma. The patient was prescribed Kera-Tek gel 4 oz #1 as she has been unresponsive to first line medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Kera-Tek gel 4oz #1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article, Evaluation of Transdermal Absorption Effect of Paracetamol Enhanced by Menthol and Azone with Entrophy Method, West China Journal of Pharmaceutical Sciences 2011-03

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Micromedex online

**Decision rationale:** The above MTUS guidelines for topical analgesics states "Primarily recommended... when trials of antidepressants and anticonvulsants have failed." The guidelines for salicylate topicals states "Recommended. Topical salicylate is significantly better than placebo in chronic pain." In this case, the patient meets recommendations for topical Kera-Tek gel, which is a combination of menthol and methyl salicylate. Menthol is obtained from mint oils and is not discussed in the MTUS, ACOEM, or ODG guidelines. Per Micromedex online, it "dilates the blood vessels, causing a sensation of coldness followed by an analgesic effect" and so would be used for its analgesic effect in this case. Methyl salicylate is recommended as per guidelines above. Per note on 1/3/14 the patient has tried antidepressants as stated "The patient is currently taking Zoloft..." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.