

<b>Case Number:</b>	CM14-0191498		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old female who was injured on 3/4/2011. She was diagnosed with left knee osteoarthritis (post-traumatic), left knee meniscal tear, cervical injury, lumbar injury, and left shoulder injury. She was treated with Supartz injection, medication, and surgery (left knee arthroscopy). Topical Kera-Tek was first recommended to the worker on 7/23/14 due to persistent pain even with oral medications. She was at around that time told to stop her NSAID medication use due to severe anemia. The most recent progress note from around the time of this request was from 9/20/14, when the worker was seen by her primary treating physician when there was no report of her taking Kera-Tek, possibly due to non-approval, although this medication was not mentioned in the progress note. She was on that date recommended aquatic therapy, continue Motrin, Norco, and Pepcid, and have a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-tek Analgesic Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain(Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Kera-Tek is a topical analgesic which contains methyl salicylate and menthol. The MTUS Chronic Pain Treatment Guidelines state that topical salicylates such as methyl salicylate are significantly better than placebo in chronic pain and are generally recommended for pain control. However, in order to justify their continuation after trial, there has to be documented evidence of functional and pain-reducing benefits from its use. In the case of this worker, she was recommended Kera-Tek due to persistent chronic pain with oral medication use. Although this medication might have been reasonable to trial since there was no record of already using a similar product, topical methyl salicylate can be found in multiple over the counter products, some identical to the ingredients of Kera-Tek. There is no evidence to suggest this worker requires this brand name version. Therefore, the Kera-Tek is not medically necessary. Also, although not directly related, it is unclear why the provider was continuing Motrin in the setting of severe anemia.