

<b>Case Number:</b>	CM15-0135966		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 56 year old male patient, who sustained an industrial injury on 9/20/13. The diagnoses includes left knee posterior horn medial meniscus tear; left knee early medial compartment osteoarthritis; status post left knee arthroscopy and left knee sprain/strain, rule out internal derangement. Per the doctor's note dated 7/6/15 and 6/8/15, he had complaints of left knee pain. The physical examination of the left knee revealed a slight decreased range of motion with flexion to 110 degrees and extension 0 degrees and positive Patellofemoral grind test. The medications list includes norco and naprosyn. Patient was prescribed Kera-tek gel. He has undergone left knee arthroscopy. He has had supartz injection and physical therapy visits for this injury. The request was for kera tek gel 4oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek gel 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Kera-Tek gel contains menthol and methyl salicylate. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Consistent evidence of the presence of neuropathic pain is not specified in the records provided. Failure of antidepressants or anticonvulsant is not specified in the records provided. Any intolerance or lack of response to oral medications is not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. Kera Tek gel 4oz is not medically necessary for this patient at this juncture.