MAXIMUS Federal Services

Case Number:	CM13-0066823		
Date Assigned:	01/03/2014	Date of Injury:	09/16/2008
Decision Date:	12/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 is a 58 year old female patient who sustained a work related injury on 1/12/08; 9/16/08; 9/19/08Patient sustained the injury when she was carrying a plastic container full of pickles. The current diagnoses include spinal strain, right knee arthrosis, upper extremity tendonitis and foot/ankle tear/strain. Per the doctor's note dated10/10/2013, patient has complaints of increased pain in the left knee and left ankle with weight bearing activity and the pain was aggravated by prolonged walking and standing greater than thirty minutes. Physical examination revealed left knee had reduced pain with range of motion, a slight effusion; the left ankle had reduced range of motion and pain with dorsiflexion and plantar flexion and difficulty with heel-to-toe maneuvers. The current medication lists include Exoten-C lotion, Alprazolam and Tramadol, Tylenol with Codeine, Thyroid medication, anxiety medication and antacid (pantoprazole).The patient has had cervical spine x-rays that revealed a C5-C6 disc retrolisthesis; bilateral wrist and hand x-ray that revealed minimal early osteoporosis; bilateral knee x-ray that revealed a 2-mm of cartilage in the medial joint spaces, and bilateral foot and ankle x-rays revealed the cartilaginous surface was slightly diminished on the left and subtalar and talonavicular degeneration. The past medical history includes previous fracture of the metatarsals. The patient's surgical history includes Esophagus/throat (achalasia) surgery in 2011 or 2012 and breast reduction in 3/12. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C Pain Relief Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Exoten-C contains methyl salicylate, menthol, and capsaicin. According to the 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended.... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....." Any recent detailed clinical evaluation note of treating physician was not specified in the recordsMTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed.Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, or Chronic Pain Treatment Guidelines. Topical Capsaicin and menthol are not recommended in this patient for this diagnosis.The medical necessity of the request for Exoten-C Pain Relief Lotion is not fully established in this patient. The request is not medically necessary.

Alprazolam XR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety."A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records

provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Alprazolam XR is not fully established in this patient. The request is not medically necessary.