

<b>Case Number:</b>	CM14-0130062		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53-year-old male who sustained an injury on 1/16/14. As per the 9/16/14, report he presented with intermittent lower back and right knee pain. The lower back pain was rated at 9/10 and right knee pain at 7-8/10. His pain remained unchanged since his last visit. He noted improvement of his pain symptoms with rest, ice/heat, hot showers and medications; however, he noted worsening with activities and prolonged sitting, standing, lying down and kneeling. Examination of the lumbar spine revealed decreased ROM and decreased sensation at 4/5 on the right at L4 and L5. There was tenderness over the paraspinals, equally. Examination of the right knee revealed decreased ROM. There was slight tenderness over the medial and lateral joint lines. MRI of the lumbar spine showed a 3-mm disc bulge. EMG/NCV studies of both lower extremities showed right L5 radiculopathy. MRI of the right knee showed chondromalacia diffusely. He is currently on Norco and Xanax. He indicated that Norco decreases his pain from a level of 9/10 to 6/10 and Xanax helps him relax and sleep at night and now Kera-Tek analgesic gel was recommended. There were no signs of abuse, overuse or adverse reactions of medications. He is also currently undergoing physical therapy directed to his knees and back. Diagnoses include patellofemoral chondromalacia of the right knee, right L5 radiculopathy, chronic lumbar strain, and lumbar disc bulge of 3mm. The request for Kera- Tek analgesic gel 4oz was denied, Norco 10/325mg #120 was modified to Norco 10/325mg #60, Xanax 1mg #60 was modified to Xanax 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera- Tek analgesic gel 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding topical analg.

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

**Decision rationale:** Kera-Tek contains methyl salicylate/menthol. According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the Kera- Tek analgesic gel 4oz is not medically necessary and appropriate.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Norco (Hydrocodone/APAP 10/325mg) Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no record of a urine drug test to monitor this patient's compliance. Therefore, the Norco 10/325mg #120 is not medically necessary and appropriate.

**Xanax 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Benzodiazepines.

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

**Decision rationale:** Alprazolam (Xanax) is a short acting benzodiazepine. According to the guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. Per guidelines, long-term use of Benzodiazepines is not recommended. In this case, there is no documentation of any significant improvement in function with its use. Therefore, the request for Xanax 1mg #60 is not medically necessary and appropriate.