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| Case Number: | CM14-0164477 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 06/20/2013 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Arizona. 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:

Patient is a 53 year old female with a date of injury on 6/20/2013. Subjective complaints are of neck, back, and knee pain that is rated at 8/10. Physical exam shows cervical tenderness and decreased sensation in the C6-7 dermatome on the right. The lumbar spine has tender paraspinal muscles, positive right straight leg raise, and normal reflexes and sensation. The right shoulder has positive impingement signs. Medication request is for Kera-Tek gel, and Xanax.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 104.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Furthermore, submitted documentation does

not indicate the anatomical area for the medication to be applied. Therefore, the medical necessity for Kera-Tek gel is not established at this time.

Xanax (Alprazolam 0.5mg) #30 Sig: one tablet by mouth at bedtime with no refill: 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: CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient, there is not objective evidence or rationale to support the use of a benzodiazepine. Therefore, the request for Xanax is not medically necessary.