

Case Number:	CM14-0177870		
Date Assigned:	10/31/2014	Date of Injury:	01/16/2014
Decision Date:	12/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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 53-year-old male with a 1/16/14 date of injury. The injury occurred when he was struck by a patrol car that his partner was driving. According to a progress report dated 9/11/14, the patient was seen for follow-up of lower back pain, rated as a 9/10. He rated his right knee pain as a 7-8/10. He stated that Norco decreased his pain from a 9/10 to 6/10, and Xanax helped him relax and sleep at night. Objective findings: decreased lumbar range of motion, tenderness over the paraspinals, decreased range of motion of right knee, slight tenderness over medial and lateral joint lines. Diagnostic impression: patellofemoral chondromalacia of right knee, right L5 radiculopathy, chronic lumbar strain, lumbar disc bulge of 3mm. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/6/14 modified the request for Norco to certify a one-month supply and denied the requests for Xanax and Kera-Tek gel. Regarding Norco, the records lacked clear documentation of recent urine drug test, risk assessment profile, and an updated and signed pain contract. The request was modified to allow opportunity for submission of medication compliance guidelines. Regarding Xanax, there was a lack of clear medical indication and time-limited treatment plan for the continued use of this medication. Regarding Kera-Tek, it would appear that the patient could tolerate oral medications since he was prescribed several other oral agents. There was a lack of clearly documented failure of first-line agents used in the management of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of functional gains or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of an opioid pain contract, urine drug screen, or ██████ monitoring. Therefore, the request for Norco 10/325mg, #120 is not medically necessary.

Xanax 1mg, #90: 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 Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, in the present case, according to the medical records provided for review, this patient has been taking Xanax since at least 3/6/14. Guidelines do not support the long-term use of benzodiazepines. Therefore, the request for Xanax 1mg, #90 is not medically necessary.

Kera-Tek Gel 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105;111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Kera-Tek has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale identifying why this patient requires Kera-Tek instead of an over-the-counter

equivalent was not provided. Therefore, the request for Kera-Tek Gel 4oz is not medically necessary.