

<b>Case Number:</b>	CM14-0070408		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 78-year-old male with date of injury of 04/01/2003. The listed diagnoses per [REDACTED] dated 04/16/2014 are: 1. Status post right knee arthroscopic debridement from medial and lateral meniscus tears and Chondromalacia. 2. Lumbar degenerative joint disease and herniated nucleus pulposus at L5-S1 with radiculopathy. 3. Cervical degenerative joint disease and degenerative disk disease. 4. Left knee posttraumatic arthritis. 5. Status post arthroscopic debridement which includes lateral meniscectomy, chondroplasty and synovectomy of the right knee. 6. Status post right total knee replacement. 7. Osteoarthritis of the right hip. 8. Left total knee replacement. According to this report, the patient complains of severe pain in his left knee. His left knee is still very tight. He cannot fully straighten and cannot fully bend his knee. He is currently not in therapy. He takes Xanax 1 mg at bedtime, gabapentin 300 mg, ibuprofen 800 mg, Prilosec 20 mg, and tramadol extended release 150 mg. The physical examination shows the patient's gait is slightly flexed on the left knee and it is antalgic. His right knee looks essentially normal. His medial and lateral laxity in the right total knee has about 7 mm of laxity and lateral collateral has about 7 mm of laxity. The left knee is too tight. He has no give on the medial side and he has only about 3- to 4-mm laxity on the lateral side. Extension on the right is 0, flexion is 100. Extension for the left is 5 and flexion for the left is 80. The utilization review denied the request on 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of Xanax 1 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 24 Benzodiazepines 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 action 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 more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Page(s): 24.

**Decision rationale:** The MTUS Guidelines page 24 on benzodiazepine states that it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The record shows that the patient has been on Xanax since February 2014. In this case, the MTUS Guidelines limits the use of this medication to 4 weeks which the patient has exceeded. The request is not medically necessary.

**Prospective request for one (1) prescription of topical creams Ketoprofen, Gabapentin and Tramadol: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams page 111 Topical Analgesics Recommended as an option as indicated below. 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. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).] Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced

peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate) Page(s): 111.

**Decision rationale:** The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, both tramadol and gabapentin compounds are not recommended in topical formulation. The request is not medically necessary.