

<b>Case Number:</b>	CM14-0206738		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/06/2003
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Montana. 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:

Kera-Tek is a combination analgesic medication using methyl salicylate and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not indicate failure of such treatments. Methyl salicylate is a non-steroidal antiinflammatory agent (NSAID). The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. It may be helpful in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, with recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case the current complaints are for pain in the spine and shoulders. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. The request for Kera-Tek analgesic gel is not consistent with the MTUS guidelines and is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medro dose pack:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oral Corticosteroids

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Oral Corticosteroids and Low Back, Corticosteroids.

**Decision rationale:** The ACOEM guidelines not regarding low back pain, non-steroidal anti-inflammatory drugs are recommended; however, oral corticosteroids are not recommended. The MTUS chronic pain medical treatment guidelines do not address Medrol dosepak or oral corticosteroid use. The Official Disability Guidelines (ODG) note that oral corticosteroids such as a Medrol dose pack are not recommended for chronic pain, except for polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. For the low back they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). They are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Overall it is suggested that the main effect of systemic steroids is to provide pain relief (which is reported as minimal in current research) in the early acute period. Criteria for the Use of Corticosteroids (oral/parenteral for low back pain): (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; and (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In this case, the injured worker has chronic back pain with no documentation of a symptom-free period or trial of non-steroidal anti-inflammatory drugs. The request for a Medrol dose pack is not consistent with the guidelines noted above. Therefore, this request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded

to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records are not clear regarding how long Norco has been used. There is no documentation, as required above, for ongoing use of Norco. If the Norco is prescribed for an acute flare of pain the Utilization Review modification of the request to 60 tablets would be appropriate. Additional, treatment with Norco would require documentation of functional improvement, side effects, and pain assessment as noted above. Without appropriate documentation the request this request is not consistent with the guidelines; therefore, Norco 10/325 mg #120 is not medically necessary.