

<b>Case Number:</b>	CM13-0039184		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 47 year old male with DOI on 4/16/2008. Patient has had ongoing pain to right knee, right ankle, bilateral elbows, and bilateral wrists as a result of this injury. Current diagnoses include; cervical/thoracic/lumbar strain/sprain, pain in elbows/wrists/hip/knees/feet, stress/depression and insomnia. Patient had undergone surgery for right trigger finger and right elbow ulnar nerve surgery, followed by physical therapy. These surgeries and therapy did not provide significant benefit. Current medication are; Klonopin, Xanax, Naprosyn, tramadol, topical cream (ketoprofen/tramadol/gabapentin), Prilosec, and Celexa. Patient's subjective pain complaints include severe pain in the arms, elbows, hands, wrists, lower back and knees. Patient also complains of persistent fatigue, anxiety, and depression. Physical exam findings include tenderness at the elbows, and low back tenderness/spasm with radicular signs. MRI from 2008 reveals right knee meniscus tear, lumbar spine films show sclerosis of L5-S1 facets bilaterally. EMG studies demonstrated bilateral chronic active L5 radiculopathy, and nerve conduction study of the lower extremity was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg, at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment

Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapters on Pain, Neck and Upper Back, Forearm, Wrist, and Hand, Elbow, Low-Back Lumbar and Thoracic, Hip and Pelvis, Knee and Leg, Ankle and Foot, and Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Anxiolytics Page(s): 24, 401.

**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. This patient also uses Klonopin, therefore adding another anxiolytic would not be indicated. A previous utilization review recommended a slow wean off of this medication, which would still be deemed appropriate. Due to these reasons, the request for Xanax 1mg is not medically necessary.

**Compound cream Ketoprofen/Gabapentin/Tramadol:** Upheld

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

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

**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. This product combines ketoprofen, gabapentin, and tramadol. The medication was specifically prescribed as a PRN medication to apply to the elbows and knees. Guidelines do not recommend topical gabapentin or tramadol as no peer-reviewed literature supports their use. Topical NSAIDs are recommended for short-term use, and ketoprofen specifically does not have FDA approval for this indication. Furthermore the patient is already taking oral tramadol and Naprosyn, and topical administration would not likely add further benefit. For these reasons, the medical necessity of this topical compound is not established.

**Klonopin 1mg, at bedtime:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines/Anxiolytics Page(s): 24, 401.

**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. This patient also uses Klonopin, therefore adding another anxiolytic would not be indicated. A previous utilization review recommended a slow wean off of this medication, which would still be deemed appropriate. Due to these reasons, the request for Xanax 1mg is not medically necessary.