

<b>Case Number:</b>	CM13-0071158		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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:

The 52-year-old female had a date of injury on 9/1/00. On 10/30/13, the patient had right elbow pain with radiation to her arm with a burning sensation, left elbow pain, left thumb and wrist pain, as well as anxiety and gastrointestinal (GI) upset due to pain medication. The injured worker reported with tenderness to the wrist, well-healed scars to the right elbow, and distal interphalangeal (DIP) joint of the right thumb. The diagnostic impression included overuse syndrome of bilateral upper extremities, right lateral epicondylitis, and extensor forearm tendonitis, status post right lateral epicondylar release with partial epicondylectomy, and anxiety. The treatments to date modify the medication management. A Utilization Review decision dated 11/20/13 denied the request for Vicodin. On a prior review, it was recommended that Vicodin be weaned from August 2012. An additional review on 4/13 again recommended weaning. There has been ample time for weaning, which has not been done, so this request was denied. Xanax was modified to 6 tablets from 15 to allow for weaning. The injured worker has been on this medication long-term. Voltaren gel was modified to allow for Voltaren gel 100% non-compounded since the medication is readily available and does not require compounding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** The California 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. In this case, the provider was instructed to begin to wean the patient down on the provider's Vicodin dose, with the initial weaning recommendation from August of 2012. This patient has a date of injury from September 2000, and there is no clear discussion of endpoints of treatment or discussion by the provider of following the recommendations for opioid weaning. There is no discussion of significant functional improvement or gains in activities of daily living from the current medication regimen, nor is there documentation of an opiate pain contract, urine drug screens, or CURES monitoring. The California MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Vicodin 5/500 mg is not medically necessary.

**XANAX 0.25MG #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 24.

**Decision rationale:** The California 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, this patient has been on benzodiazepines long-term. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, the request for Xanax 0.25 mg #15 is not medically necessary.

**COMPOUND VOLTAREN GEL 1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 112.

**Decision rationale:** The California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. This

patient is noted to have elbow and wrist pain, although there is no documentation of osteoarthritis. Voltaren gel is indicated for the treatment of osteoarthritis. In addition, this request is for compounded gel, and Voltaren gel is already manufactured in a 1% formulation and does not require additional compounding. Therefore, this request for Compounded Voltaren Gel 1% is not medically necessary.