

<b>Case Number:</b>	CM14-0151085		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Internal 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 patient is a 58year old male who was injured on 9/23/2013. The diagnoses are left ankle pain and low back pain. There are associated diagnoses of nausea and depression. The past surgery history is significant for left ankle surgery. On 8/12/2014, [REDACTED] noted subjective complaints of increased pain due to non- certification of pain medications - Butrans and oxycodone. On 9/10/2014, [REDACTED] noted that the patient was able ride the bike for more than 5 miles without discomfort. The patient was also doing PT and playing golf with the use of the orthotics. The radiological test showed that the left ankle hardware was intact. A Utilization Review determination was rendered on 8/19/2014 recommending non certification for ondansetron 8mg #20 1 refill, diazepam 5mg #20 2 refills and Pristiq 50mg #0 6 refills approved for 1 refill pending periodic re-evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg #20 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ondansetron Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines does not recommend chronic treatment with antiemetic medications. The use of ondansetron is approved for the prevention and short term treatment for chemotherapy induced and perioperative nausea and vomiting. The records indicate that the patient is no longer on opioid. [REDACTED] did not document complaints of nausea. The criteria for the use of ondansetron 8mg #20 was not met.

**Diazepam 5mg #20 with 2 refills:** 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): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to 4 weeks to decrease the development of tolerance, addiction, sedation, habituation and adverse interaction with other sedatives. The records indicate that the patient is utilizing diazepam to decrease pain and treat muscle spasm. There is no documentation of muscle spasm on the injured ankle. The patient is also utilizing Pristiq which is effective for depression, anxiety and neuropathic pain. The criteria for the use of diazepam 5mg #20 2 refills was not met.

**Pristiq 50mg #30 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pristiq Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Pristiq can be utilized as a first line medication in the treatment of neuropathic pain and associated depression. The records indicate that the patient was diagnosed with left ankle neuropathic pain and depression following the left ankle surgery. It is recommended that periodic re-evaluation and counseling be implemented for effective treatment of depression associated with chronic pain. The approval for 1 refill to enable periodic patient assessments meets the recommendation. The criteria for the use of Pristiq 50mg #30 6 refills was not met.