

<b>Case Number:</b>	CM14-0203007		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 61 year old male who was injured on 12/6/2001. The diagnoses are left ulnar neuritis, elbow, wrists and hands pain. There are associated diagnoses of insomnia, anxiety and depression. The patient completed PT, psychological counseling, biofeedback, trigger points injections and behavioral modification. On 12/4/2014, [REDACTED] noted subjective complaint of bilateral elbow and wrist pain. The pain score was rated at 7/10 with medications but 10/10 without medications. The patient was noted to be ill looking and appeared depressed. There was tenderness and decreased range of motion of the left elbow. There was tenderness to palpation over the wrists but the Phalen and Tinel tests are negative. There were many UDS reports with positive ETOH and THC. The patient admitted to alcohol and marijuana use. The medications listed are Pristiq, Trazodone, Celebrex, Lidocaine 3% cream, gabapentin, Percocet, Clonazepam, Zofran, Voltaren gel, Docusate and Senokot. A Utilization Review determination was rendered on [REDACTED] recommending non certification for clonazepam 0.5mg #30 2 refills, Zofran ODT 8mg #60 2 refills, Lidocaine 3% cream 2 refills and Voltaren 1% gel #3 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg # 30 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 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines should be limited to short term periods. The long term use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized Clonazepam longer than the guidelines recommended short term periods. The patient is also utilizing opioids, sedatives, alcohol and marijuana. The UDS is inconsistent and showed non-compliance with medications. The guidelines recommend that the use of anticonvulsants and antidepressants with anxiolytic properties such as Cymbalta be utilized in patients with neuropathic pain with co-existing anxiety. The criteria for the use of Clonazepam 0.5mg #30 with 2 refills were not met. Therefore, this request is not medically necessary.

**Zofran ODT 8mg with 2 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- Pain (Chronic)

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the nausea associated with chronic pain medication is self-limiting and did not require routine chronic treatment with anti-emetic medications. The guidelines and the FDA recommend that the use of Zofran be limited to short term treatment in the acute care, peri-operative setting and during chemotherapy. The records show that the patient had been on chronic treatment with Zofran. There is no documentation of intractable nausea and vomiting. The criteria for the use of Zofran ODT 8mg with 2 refills were not met. Therefore, this request is not medically necessary.

**Lidocaine 3% cream with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The records indicate subjective and objective findings consistent with localized neuropathic pain of the elbow. The patient has utilized anticonvulsant and antidepressant medications. The criteria for the use of Lidocaine 3% cream with 2 refills were met. Therefore, this request is medically necessary.

**Voltaren 1% gel #3 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs can be associated with the risk of cardiac, renal and gastrointestinal complications. The records indicate that the patient is also utilizing oral NSAIDs. The concurrent utilization of multiple NSAIDs in the elderly is associated with increased risk of complications. The criteria for Voltaren 1% gel #3 with 2 refills were not met. Therefore, this request is not medically necessary.