

<b>Case Number:</b>	CM15-0005034		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 64 year old male, who sustained an industrial injury on 10/2/2007. The diagnoses have included chronic pain due to trauma, major depressive disorder, single episode, post traumatic stress disorder, and trapezius muscle spasm. Treatment to date has included medications and electroconvulsive therapy (ECT). According to the office visit from 12/19/2014, the injured worker complained of burning abdominal pain and felt like there were needles stabbing his stomach. He stated that his pain was from a traumatic accident he had in 10/2/2007 when 5 of his co-workers were killed in a tunnel and he tried to help them get out. The injured worker stated he had not taken any narcotics for the last couple of months, although he had multiple visits to the emergency department when narcotics had been prescribed. The injured worker was diagnosed with clostridium difficile colitis. He was given a Toradol 15mg injection. Physical exam revealed a friable affect, diffuse abdominal tenderness with no guarding and no rebound. The injured worker was agitated, anxious, in denial and displayed hopelessness. Authorization was requested for Toradol 15mg, Doxepin 25mg, Levsin 0.125mg, Sertaline 50mg, Clonazepam 1mg and Seroquel 400mg. On 1/3/2015, Utilization Review (UR) modified a request for Clonazepam 1mg #60 to Clonazepam 1mg #45, noting that initiation of weaning was recommended. UR non-certified a request for Levsin 0.125mg #60, based on the lack of evidenced base recommendations from the cited guidelines. UR non-certified a request for a Toradol injection 15mg, noting that there was a lack of evidence of improvement from prior injections. UR non-certified a request for Seroquel 40mg #60, noting that guidelines do not

recommend use of an atypical anti-psychotic with lack of evidence of behavioral improvement. The MTUS, ODG and National Guidelines Clearinghouse were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Clonazepam 1 mg #60:** Upheld

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

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

**Decision rationale:** Clonazepam is a Benzodiazepine used in the treatment of Seizures and Panic disorder. Documentation indicates that the injured worker is diagnosed with Major Depression and Post Traumatic Stress Disorder, already treated with Antidepressants, with adequate response. Per MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Furthermore, tolerance to anxiolytic effects occurs within months and long-term use is stated to possibly actually increase anxiety. The request for Clonazepam 1mg is not medically necessary.

**Levsin 0.125mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nonspecific. Decision based on Non-MTUS Citation UpToDate, Hyoscyamine, Drug Information

**Decision rationale:** Levsin (Hyoscyamine) is recommended as adjunctive therapy in the treatment of peptic ulcer, Irritable Bowel Syndrome and other functional GI disorders. Office visit notes dated 12/19/14 indicates that the injured worker complained of burning abdominal pain, at which time, the assessment included the diagnosis of Colitis and history of Clostridium difficile Colitis. Clinical indication for the use of Levsin has not been established by documentation provided. The request for Levsin 0.125mg #60 is not medically necessary per guidelines.

**1 Toradol injection 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 72.

**Decision rationale:** Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal risk factors. Toradol (Ketorolac) is not indicated for minor or chronic painful conditions. The injured worker complains of burning abdominal pain and is diagnosed with Colitis. The use of anti-inflammatory in this case would be contraindicated. Per guidelines, the request for Toradol injection 15mg is not medically necessary per guidelines.

**Seroquel 400mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide-lines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation UpToDate, Seroquel, Drug Information

**Decision rationale:** Seroquel is recommended in the acute treatment of bipolar I disorder, acute treatment of depressive episodes associated with bipolar disorder and as adjunctive therapy to antidepressants for the treatment of major depressive disorder. The injured worker is diagnosed with Bipolar disorder, Chronic pain syndrome, Major Depression and Post Traumatic Stress Disorder. Documentation indicates that symptoms of depression have been stable on current medication management. The request for Seroquel 40mg #60 is medically necessary, per guidelines