

<b>Case Number:</b>	CM15-0006214		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old female who reported an injury on 08/06/2008. The injury reportedly occurred to her right knee when she stood upright from a squatting position. The injured worker's diagnoses include chondromalacia of the right patella, osteoarthritis of the right knee, chronic sprain of the right knee, partial ACL tear of the right knee, chronic pain syndrome, depression, low back pain, left shoulder pain, and osteoarthritis of the left shoulder. Her past treatments have included oral and topical medications, physical therapy, right knee surgery, use of a TENS unit, and injections. Her medications on 12/15/2014 were noted to include Restoril 15 mg 1 capsule at bedtime as needed, Percocet 6 times a day as needed, Duexis 3 times a day, OxyContin 15 mg every 12 hours, Wellbutrin 100 mg 1 daily, Colace twice a day, Elavil 25 mg 2 times at bedtime, Cymbalta 60 mg daily, and Silenor daily at bedtime. It was noted that her medications were beneficial and well tolerated to include Percocet, OxyContin, Restoril, and Duexis. She specified that temazepam helped her to fall asleep, but she stated that she wakes up after a few hours of sleeping. She was switched from amitriptyline to temazepam on 11/10/2014. It was noted that she had been unable to fill her Duexis. Therefore, she requested to go back to using Voltaren gel, which was noted to have been beneficial and well tolerated in the past. It was noted that Restoril would be increased from 15 mg to 30 mg to be used at bedtime for difficulty sleeping due to chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel # 5 pack:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** According to the California MTUS Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The clinical information submitted for review indicated that the injured worker has pain related to osteoarthritis of the right knee. The documentation indicated that she was prescribed Voltaren gel on 12/15/2014, as she had been unable to fill her Duexis and had found Voltaren gel beneficial and well tolerated in the past. However, the most recent note submitted for review, dated 01/12/2015, indicated that her Duexis had been filled, but she had not filled her prescription for Voltaren gel, which had been helpful in treating her inflammation. As the injured worker was noted to have filled her prescription for an oral nonsteroidal anti-inflammatory drug, the request for topical Voltaren (a nonsteroidal anti-inflammatory drug) is not appropriate. Additionally, the request as submitted failed to include a frequency of use and did not specify a body part to which the requested topical medication is to be applied. For these reasons, the request is not medically necessary.

**Restoril 30mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

**Decision rationale:** According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use, as long term efficacy is unproven, and there is a risk of dependence, abuse, and adverse effects. Most guidelines limit use of benzodiazepines to 4 weeks. In addition, the Official Disability Guidelines state Restoril is a benzodiazepine FDA approved for sleep maintenance and insomnia. However, these guidelines also state these medications are only recommended for short term use due to risk of tolerance, dependence, and adverse effects. The injured worker was prescribed Restoril on 11/10/2014 for difficulty sleeping related to chronic pain. On her followup appointment on 12/15/2014, she reported that this medication had helped her fall asleep, but she continued to wake up after only a few hours of sleep. Therefore, continued use of this medication would not be supported, as the guidelines state it is FDA approved to treat sleep maintenance insomnia, and the injured worker had not seen benefit related to sleep maintenance from use of this medication. Additionally, as she began use of Restoril on 11/10/2014, she has exceeded the 4 week maximum use

recommendation by the guidelines. Therefore, continued use of this medication is not supported. Additionally, the request as submitted did not include a frequency of use. As such, the request is not medically necessary.