

<b>Case Number:</b>	CM15-0215682		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	03/31/2000
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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  
 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 50 year old female who sustained an industrial injury on 03-31-2000. According to the most recent progress report submitted for review and dated 07-02-2015, the injured worker was seen for pain management follow up. She reported that she was "doing fine" on Suboxone. She was able to function more now and able to do activities of daily living independently. She was in physical therapy for her right foot and was "doing well". She was on 75 pounds weight bearing on the left. She was doing well managing pain with current medication regimen. She was not working. Current medications included Hydroxyzine, Diclofenac, Geodon, Klonopin, Pantoprazole, Suboxone, Lexapro and Flector patch. Motor strength was 5 out of 5 in the right and left lower extremity flexors and extensors. Tone was normal. There was normal sensation noted in the right thigh. There was normal sensation noted in the left thigh. There was decreased sensation noted in the right knee. There was normal sensation noted in the left knee. There was normal sensation noted in the left ankle. There was normal sensation noted in the right ankle. Diagnoses included chronic right knee pain, status post right knee surgery due to work related injury on 03-31-2000, status post right knee arthroscopy x 2 and status post open reduction internal fixation right tibial plateau fracture. The treatment plan included continuation of current regimen: Suboxone, Voltaren, Lexapro, Klonopin and Prilosec. Documentation shows use of Diclofenac dating back to 01-15-2015 and use of Geodon and Klonopin dating back to 2014. The most recent toxicology report submitted for review was performed on 06-04-2015. On 10-16-2015, Utilization Review non-certified the request for Geodon 80 mg #60, Klonopin 1 mg #30 and Diclofenac ER 100 mg #60. The request for Lexapro was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Geodon 80mg #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 (ODG), Mental Illness and Stress Chapter, Atypical antipsychotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Aripiprazole.

**Decision rationale:** The patient presents on 07/02/15 with unrated knee pain. The patient's date of injury is 03/31/00. The request is for Geodon 80MG #60. The RFA was not provided. Physical examination dated 07/02/15 reveals an antalgic gait, decreased sensation in the right knee and bilateral knee range of motion which was "consistent with symptoms." No other remarkable findings are included. The patient is currently prescribed Hydroxyzine, Klonopin, Flector patches, Suboxone, Diclofenac ER, Lexapro, Pantoprazole, and Atarax. Patient is currently classified as permanent and stationary, is not working. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: Not recommended as a first-line treatment. Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. In regard to the request for continuation of Geodon, this medication is not indicated as a first-line agent per ODG. Geodon has been prescribed since at least 12/18/14. Per most recent progress note dated 07/02/15, the provider does not specifically address the use of this medication or its efficacy in controlling this patients (presumed) psychiatric condition. While this patient presents with chronic pain and disability, guidelines do not recommend atypical anti-psychotic medications as first-line treatment options, as there is insufficient support for conditions covered by ODG. Therefore, the request is not medically necessary.

### **Klonopin 1mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The patient presents on 07/02/15 with unrated knee pain. The patient's date of injury is 03/31/00. The request is for Klonopin 1MG #30. The RFA was not provided. Physical examination dated 07/02/15 reveals an antalgic gait, decreased sensation in the right knee and bilateral knee range of motion which was "consistent with symptoms." No other remarkable findings are included. The patient is currently prescribed Hydroxyzine, Klonopin,

Flector patches, Suboxone, Diclofenac ER, Lexapro, Pantoprazole, and Atarax. Patient is currently classified as permanent and stationary, is not working. MTUS Guidelines, Benzodiazepines section, page 24 states: 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. In regard to the request for the continuation of Klonopin for this patient's anxiety, the duration of therapy exceeds guidelines. This patient has been prescribed Klonopin since at least 01/09/14. While this patient presents with significant chronic pain and associated anxiety, the requested 30-tablet prescription in addition to prior use does not imply short duration therapy. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, and is not supported by guidelines. Therefore, the request is not medically necessary.

**Diclofenac ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Diclofenac sodium.

**Decision rationale:** The patient presents on 07/02/15 with unrated knee pain. The patient's date of injury is 03/31/00. The request is for Diclofenac ER 100MG #60. The RFA was not provided. Physical examination dated 07/02/15 reveals an antalgic gait, decreased sensation in the right knee and bilateral knee range of motion which was "consistent with symptoms." No other remarkable findings are included. The patient is currently prescribed Hydroxyzine, Klonopin, Flector patches, Suboxone, Diclofenac ER, Lexapro, Pantoprazole, and Atarax. Patient is currently classified as permanent and stationary, is not working. Official Disability Guidelines, Pain chapter, under Diclofenac sodium has the following: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. It goes onto state that there is substantial increase in stroke. In this case, the provider is requesting a prescription of Diclofenac ER for the management of this patient's chronic knee pain. NSAIDs such as Diclofenac are not recommended as a first line medication owing to significant cardiovascular risks (equivalent to the risks posed by Vioxx, which has itself been withdrawn from the market). Most recent progress note dated 07/02/15 does not address why this medication is chosen over other NSAID medications, and does not include any statements regarding patient intolerance to first-line options. Without such discussion, this medication cannot be substantiated as an appropriate treatment. Therefore, the request is not medically necessary.