

<b>Case Number:</b>	CM15-0074077		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/22/1999
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 54 year old female sustained an industrial injury on 7/22/99. She subsequently reported upper extremity and back pain. Diagnoses include chronic pain syndrome, secondary myofascial syndrome and chronic discogenic pain syndrome. Treatments to date have included x-ray and MRI studies, surgery, physical therapy and prescription pain medications. The injured worker continues to experience elbow and forearm pain. the injured worker reports a 44% reduction in pain with the current treatment plan. A request for Norco, Celebrex, Clonazepam, Flector, Pantoprazole and Voltaren medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg (quantity not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Celecoxib is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain throughout both arms. The recorded pain assessments were minimal. There was no discussion describing monitoring for complications or detailing the worker's individualized risk. These records also suggested the worker had an increased risk for stomach upset with the use of this medication that required the use of additional medication but did not discuss the results of an attempt to stop this medication. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite supply of medicine, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of celecoxib 200mg is not medically necessary.

**Clonazepam 0.5 mg (quantity not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

**Decision rationale:** Clonazepam is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker had been taking this medication for at least several months at the time of the request. There was no discussion describing special circumstances that sufficiently supported long-term use. Further, the request was for an indefinite supply of medicine, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of clonazepam 0.5mg is not medically necessary. Because the risks significantly outweigh the benefits of continued use based on the reviewed documentation, the worker should be able to complete an appropriate wean with the medication already available.

**Flector 1.3% patch (quantity not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** Flector (diclofenac patch) is a topical medication in the non-steroidal anti-inflammatory drug (NSAID) class that is delivered through a patch. The MTUS Guidelines

recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because the benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. This particular medication is approved by the FDA only for the treatment of recent pain. The submitted and reviewed documentation indicated the worker was experiencing pain throughout both arms. There was no discussion detailing special circumstances supporting the use of this medication in this setting. Further, the request was for an indefinite supply of medicine, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Flector (diclofenac) 1.3% patches is not medically necessary.

**Voltaren gel 1% (quantity not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing pain throughout both arms. There was no discussion describing special circumstances that sufficiently supported this request. These records indicated the worker had been taking this medication for at least several months. Further, the request was for an unspecified amount medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Voltaren (diclofenac) 1% gel is not medically necessary.

**Pantoprazole Sodium DR 40 mg (quantity not provided): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 159.0. UpToDate, accessed 05/23/2015.

**Decision rationale:** Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease

(GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing pain throughout both arms. Treatment recommendations continued to include NSAID therapy. There was no discussion suggesting the reason NSAID therapy was continued, detailing other medications that were tried but did not improve the worker's pain, or describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite supply of medicine, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of pantoprazole sodium-DR 40mg is not medically necessary.