

Case Number:	CM13-0039071		
Date Assigned:	12/18/2013	Date of Injury:	12/28/2005
Decision Date:	11/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine and is licensed to practice in California. 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 49 year-old female with date of injury 12/28/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2013, lists subjective complaints as pain in the left wrist and hand. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the left wrist revealed slight swelling and tenderness to palpation of the volar aspect. Range of motion was restricted. Hypomobility of the carpal metacarpal joints. Diagnosis: 1. Status post left carpal tunnel release. The medical records supplied for review were insufficient to determine how long the patient has been prescribed the following medications. So SIG provided for the below medications. Medications: 1. Temazepam 15mg, #602. Hydrocodone/APAP 10/325, #603. Trazodone 100mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg Qty: 60.00: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The quantity prescribed for this patient is excessive. Therefore the request for Temazepam 15 mg QTY: 60.00 is not medically necessary.

Hydrocodone/APAP 10/325 mg, Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The medical record lacks documentation for the prescribing of hydrocodone or the continuation of hydrocodone as there is no documentation of functional improvement in the past. Therefore the request for Hydrocodone/APAP 10/325 mg, Qty: 60.00 is not medically necessary.

Trazodone 100 Mg, Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Therefore the request for Trazodone 100 mg, Qty: 60.00 is not medically necessary.