MAXIMUS Federal Services

Case Number:	CM13-0065681		
Date Assigned:	01/03/2014	Date of Injury:	06/02/2010
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 09/26/2011 that resulted from a fall out of a bus causing the patient to land on her bilateral outstretched hands. The patient reportedly developed carpal tunnel syndrome as result of her injury. The patient underwent carpal tunnel release in 07/2012 and 06/2013 and 3 surgeries for trigger finger release. The patient participated in postoperative physical therapy, splinting, and medication usage. The patient also participated in a Functional Restoration Program followed by pain psychology management. The patient's most recent clinical evaluation documented that the patient's medication schedule included Ambien, gabapentin, and Pristiq. It was noted the patient complained of low back pain with bilateral lower extremities numbness. It was documented the patient had a history of fusion at L4-S1 in 2005. Physical findings included restricted range of motion secondary to pain and tenderness to palpation and muscle spasm in the upper paraspinal musculature. The patient was evaluated by a hand specialist on 09/05/2013 that documented the patient had slight clawing of the ulnar 2 digits of the left hand with diminished sensation of the left little and ring fingers bilaterally. Medications listed from the physician included: Norco 5.0mg #30 as needed for pain. The patient's diagnoses included bilateral cubital tunnel syndrome, anxiety disorder, psychalgia, and lumbar post-laminectomy syndrome. The patient's treatment plan included MRI of the cervical spine; occupational therapy for the patient's left upper extremity, physical therapy for the patient's lumbar spine, and continued psychological support.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF DILAUDID 4MG 1-2 PO Q 6 HOURS NTE 8/DAY ADDITIONAL #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Treatment Page(s): 77.

Decision rationale: The requested Dilaudid 4 mg 1 to 2 every 6 hours up to 8 a day additional #120 related to the diagnosis 721.33 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a trial of opioid usage after the patient's pain has failed to respond to all other first-line treatments. The clinical documentation submitted for review does indicate the patient is on gabapentin and Pristiq related to the diagnosis of 721.33. The clinical documentation does not provide an adequate assessment of pain control or functional capabilities related to the patient's medication usage to support the need for a trial of opioids. Therefore, the need for a trial of opioids is not clearly established within the submitted documentation. As such, the requested Dilaudid 4 mg 1 to 2 by mouth every 6 hours up to 8 per day additional #120 for the diagnosis of 721.33 is not medically necessary or appropriate.

CIMZIA STARTER KIT TO BE ADMINISTERED AT HOME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/cimzia-drug/indications-dosage.htm.

Decision rationale: The requested Cimzia starter kit to be administered at home for the diagnosis of 715.18 is not medically necessary or appropriate. The submitted diagnosis code is for a generalized osteoarthritis diagnosis. An on-line resource, Rxlist.com, indicates that Cimzia is indicated for patients with Crohn's disease or other autoimmune-related diagnoses to include rheumatoid arthritis. The clinical documentation submitted for review does not provide any evidence that the patient has these types of diagnoses that would benefit from this medication. Therefore, the requested Cimzia starter kit to be administered at home for the diagnosis of 715.18 is not medically necessary or appropriate.

VALIUM 5MG 1 PO BID PRN ADDITIONAL #30: Upheld

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

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

Decision rationale: The requested Valium 5 mg 1 by mouth twice a day as needed additional #30 for the diagnosis of 722.10 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of benzodiazepines in certain clinical situations. However, this is not recommended as a first-line medication. As the patient's documentation does not provide an adequate assessment of pain relief and functional capabilities related to the patient's current medication schedule, the need for this medication is not supported. The documentation does not support the patient has failed to respond to other first-line medications. As such, the requested Valium 5 mg 1 by mouth twice a day as needed additional #30 for the diagnosis of 722.10 is not medically necessary or appropriate.