MAXIMUS Federal Services

Case Number:	CM13-0069956		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2010
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 and is licensed to practice in Texas and Okalahoma. 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 injured worker is a 42-year-old male who reported an injury on 06/26/2010. The mechanism of injury was not stated. Current diagnoses include cervical discopathy with radiculitis, lumbar discopathy with radiculitis, bilateral carpal tunnel syndrome, left wrist ganglion cyst and tenosynovitis, and status post left wrist arthroscopy. The latest physician progress report submitted for this review is documented on 10/24/2013. The injured worker reported persistent pain in the lower back. Physical examination revealed tenderness to palpation with limited range of motion of the cervical spine, tenderness at the first dorsal compartment of bilateral wrists with limited range of motion and weak grip strength on the left, and tenderness to palpation of the lumbar spine with painful range of motion, positive straight leg raising, and dysesthesias in the L5 and S1 dermatomes. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUAZEPAM 15 MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. Additionally, there is no frequency or quantity listed in the current request. As such, the request is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 08/2013. There is no documentation of objective functional improvement. There is also no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

TEROCIN PATCH #10: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, there is no indication that this injured worker has failed to respond to tricyclic or SNRI antidepressants or an anticonvulsant, as recommended by California MTUS Guidelines. There is also no frequency listed in the current request. As such, the request is not medically necessary.