

Case Number:	CM14-0001951		
Date Assigned:	01/22/2014	Date of Injury:	11/16/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 injured worker is a 60-year-old male who reported an injury on 11/16/2012. The mechanism of injury was a lifting injury. Per the clinical note dated 10/23/2013, the patient still complained of pain to bilateral wrists. On physical examination, the injured worker had a positive Tinel's sign and Phalen's sign at the time of this visit to the right wrist. There was a recurrent ganglion cyst on the volar surface of the right wrist. The injured worker continued to have tenderness on the plantar aspects of both feet. Per documentation dated 06/12/2013, the nerve conduction study of the upper extremities suggested the presence of bilateral carpal tunnel pathology. Per the operative report dated 11/05/2013, the injured worker underwent surgery for right carpal tunnel syndrome. Per the range of motion study dated 06/05/2013 wrist flexion was normal bilaterally, wrist extension was also normal, wrist radial deviation was normal and wrist ulnar deviation was normal. In the lower extremity motion, the ankle dorsiflexion was normal, ankle plantar flexion was normal, ankle inversion was normal, and ankle eversion was normal. Per the clinical note dated 10/23/2013, the injured worker complained of persistent numbness and tingling to his right hand. The diagnoses reported for the injured worker included work-related right wrist injury status post volar ganglion excision secondary to injury, right carpal tunnel syndrome ganglion cyst of joint, and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

STRAZEPAM (DOSE AND QUANTITY NOT SPECIFIED) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

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

Decision rationale: Strazepam is comprised of temazepam and choline. Per the MTUS Chronic Pain Guidelines, Benzodiazepines are 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. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects the most rapidly. Tolerance to the anxiolytic effects occurred within months and long-term use may actually increase anxiety. The Official Disability Guidelines regarding medical food states to be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding; (2) Product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; (3) The product must be used under medical supervision. Sentra PM is a medical food intended for use of management of sleep disorders associated with depression. Sentra PM is a proprietary blend of choline barbiturate, glutamate, and 5-hydroxytryptophan. There is no known medical need for choline supplementation except for the case of long-term parental nutrition or for individuals with choline deficiency secondary to liver deficiency. Five hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. There was a lack of documentation regarding the efficacy of this medication. There was a lack of documentation regarding other conservative treatments that were employed with the injured worker. In addition, the request failed to specify the dosage or strength of the requested medication. Therefore, the request for Strazepam is not medically necessary and appropriate.