

<b>Case Number:</b>	CM14-0008927		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/12/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 44-year-old female who reported an injury on 06/12/2005, due to repetitive trauma involving lifting and pulling. The clinical note dated 02/17/2014 presented the injured worker with right elbow pain and developed left medial and lateral epicondylitis, and left 3rd finger and right 3rd finger pain. The injured worker's surgery history includes a right lateral epicondylar open repair dated 05/11/2009, a lateral epicondylar repair on 03/08/2010, and a lateral epicondylitis dated 06/07/2011. The injured worker's physical exam revealed a well healed incision at the palmar aspect, normal sensation to touch of all 5 fingers, negative Tinel's, negative Phalen's, and grip strength 4/5. The examination of the right elbow noted a well healed incision on the lateral aspect where she has previously undergone multiple surgeries. Pain is noted with palpation at the medial and lateral epicondyles. The injured worker's diagnoses were carpal tunnel syndrome, medial epicondylitis, lateral epicondylitis, and trigger finger. The provider recommended diazepam 10 mg with a quantity of 40 and hydrocodone/APAP 10/325 mg with a quantity of 120. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM 10MG # 40 (13 DAY): 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:** The request for diazepam 10 mg with a quantity of 40 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The provider is requesting authorization for this medication to treat spasm; however, there is no specific documentation of spasm on physical exam. Furthermore, the injured worker's 3rd finger of the right hand is less painful and no longer triggers. Therefore, the request is not medically necessary.

**HYDROCODONE/APAP 10/325 MG #120:** 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, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 10/325 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects. Furthermore, the request does not indicate decreased pain or increased function. Therefore, the request is not medically necessary.