

Case Number:	CM14-0101512		
Date Assigned:	08/08/2014	Date of Injury:	06/20/2012
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Texas and Ohio. 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 36-year-old female who reported an injury on 06/20/2013 due to cumulative trauma. On 01/08/2014 the injured worker presented with constant tingling and a burning pain involved to the right hand and wrist. Upon examination the injured worker was wearing a right wrist splint. There was pain proximally to the forearm in the right wrist over the median nerve with palpation and tenderness to the right ulnar nerve at the elbow. There was tenderness noted at the medial and lateral epicondyle of the right elbow. There was diminished sensation to light touch to the right index, long and ring fingers. There was equivocal diminished light touch sensation throughout the right arm and leg. An EMG/NCV performed on 12/18/2013 revealed a mildly prolonged right median nerve, distal sensory and motor latency consistent with mild right carpal tunnel syndrome. The diagnoses were depression, right carpal tunnel syndrome, and comorbid orthopedic conditions involving the neck, back, right shoulder and right hand and wrist. Current medications included Paxil and Zoloft. The provider recommended Strazepam and Theraproxen. The provider's rationale was not provided. 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:

Strazepam: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacies have proven there is risk of dependence. Most guidelines limit the use to 4 weeks. There is lack of documentation on the efficacy of the prior use of the medication. Additionally, the provider does not indicate the dose, frequency or quantity of the medication in the request as submitted. As such, Strazepam is not medically necessary.

Theraproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 70. Acupuncture Medical Treatment Guidelines.

Decision rationale: According to California MTUS Guidelines, all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and new onset or worsening of pre-existing hypertension. Additionally, it is recommended that the lowest effect dose be used for NSAIDs with the shortest duration of time consistent with individual treatment plan or goals. There is lack of evidence in the medical records of a complete and adequate pain assessment and efficacy of the prior use of the medication. The provider's request does not indicate the quantity, dose or frequency of the medication in the request as submitted. As such, the request for Theraproxen is not medically necessary.