

Case Number:	CM14-0109484		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2002
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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: Anesthesiology 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 injured worker is a 72-year-old male who had a work related injury on 02/15/02. Most recent clinical documentation submitted for review was dated 06/16/14 when the injured worker described continuing pain and swelling of both hands. Pain was increased with excessive use of hands including gripping, grasping, torqueing, lifting, pushing, and pulling. He continued to experience numbness and tingling for both hands. He had pain radiating down both hands and weakness in both hands. He was taking medications including Hydrocodone 7.5mg, Colace, Naproxen, and Diazepam. The patient stated that medications helped in reduction of symptoms. Physical examination range of motion showed flexion/extension at 30 degrees bilaterally and effusion bilaterally and tenderness. Range of motion was limited for flexion/extension of fingers. There was effusion of the fingers. There was tenderness to palpation. Motor and reflexes were within normal limits. Sensation was decreased to both hands to the ring and little finger. Diagnosis bilateral carpal tunnel syndrome. Bilateral cubital tunnel syndrome. Prior utilization review on 07/02/14 Valium Naproxen were not medically necessary, Norco was modified. In review of medical records reviewed, there was no clinical documentation of visual analog scale with and without medication or functional improvement or urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Diazepam 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4-week treatment window therefore, the request for this medication is not medically necessary.

60 Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time therefore, the request for this medication is not medically necessary.

180 Hydrocodone/APAP 7.5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID'S Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to

warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The submitted documentation does not indicate significant decrease in pain scores with the use of medications therefore, this request is not medical necessary.