

Case Number:	CM14-0014348		
Date Assigned:	02/26/2014	Date of Injury:	05/18/1999
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 patient is a 46-year-old female who was injured on 05/18/1999 suffering injury to the bilateral hands, left shoulder, bilateral lower arms and bilateral upper arms. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing a carpal tunnel release surgery twice and medications. PR-2 dated 01/13/2014 documented the patient is experiencing limited movement, stiffness and tenderness with weakness. Condition has existed for an extended amount of time. Patient indicates lifting worsens condition. Pain is described as aching, burning, sharp, shooting, tender, throbbing, weakness, soreness and swelling. Severity of the condition is a 6/10. Condition is located on the right forearm, right hand and right dorsal wrist. Condition is located in the right shoulder and elbow. The patient continues with substantial functional limitations that are both physical and psychiatric, which is mostly managed in conjunction with a home exercise program (HEP). Her medication history is as follows: Amitriptyline, Atenolol, Clonazepam, and Norco. Objective findings on exam reveal gait and station exam is midposition without abnormalities. Muscle strength for all groups tested as follows: bilateral thumb abductors, bilateral finger flexors, bilateral wrist extensors and bilateral wrist flexors where the muscle strength is 5/5. She does complain of minimal weakness on grip strength rated 4/5 bilaterally with thumb opposition and sensory intact of all fingers with good capillary refill. She is having treatment for her left foot wearing immobilizer today. Inspection of the skin outside affected area reveals a well-healed scar on the bilateral wrists. C6 dermatome and C8 dermatomes decreased light touch sensation bilaterally. Median nerve compression reproduces numbness and tingling bilateral. Carpal tunnel compression test is abnormal right; the patient has increased pain in the index finger and decreased range of motion. UR report dated 01/28/2014 denied the request for clonazepam 1mg #360, because there is no documentation of derived symptomatic or functional improvement from his previous use. The request was partially

certified for # 90 to initial a weaning process. The request for Norco 10/325mg #720 was partially certified for quantity #180 plus 2 refills. Based on the currently available information, the medical necessity for this narcotic has been established. The request for a urine drug screen was denied because there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. Based on the currently available information, the medical necessity for this drug screening has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Page(s): 23.

Decision rationale: As per CA MTUS guidelines, benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes risk of sedative/hypnotic, anxiolytic, antidepressant and muscle relaxant. 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 antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is no evidence of symptomatic or functional improvement with its use in the medical records. Therefore, the medical necessity for its continued use cannot be established.

NORCO 10/325 MG QTY: 720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: CA MTUS states Hydrocodone/Acetaminophen (Norco®) is indicated for moderate to moderately severe pain, with documented functional benefit. Short-acting opioids are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The progress reports do not reflect there has been any notable pain relief and improved function with chronic use of opioids. The guidelines do not support continuing opioid therapy in the absence of benefit with use. Furthermore, the prescribing dose has been one tablet every 6 hours as needed (equivalent to # 120 per month). Short acting opioids dosing more than three times a day for chronic pain is not recommended. Consequently, the medical necessity of continued Norco # 180 has not been established. Therefore, the request is not medically necessary.

URINE DRUG SCREEN QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. In this case, there is no evidence of non-compliance, aberrant behavior or abuse. Therefore, urine drug test is not medically necessary and is non-certified.