

Case Number:	CM14-0016032		
Date Assigned:	02/28/2014	Date of Injury:	07/06/2001
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgery 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 64 year old male states that he sustained a work-related injury on July 6, 2001. The mechanism of injury is not supplied in the attached medical record. The claimant was most recently seen on January 31, 2014, and complained of continuing pain in his right shoulder with physical activity and triggering in the ring and little fingers of his left hand. There are also complaints of spasms and cramping in the left upper extremity and numbness and tingling in both hands. Current medications include Doral, cyclobenzaprine, and hydrocodone which are stated to help with these symptoms. The physical examination on this date noted right shoulder flexion and extension to 90° and subacromial impingement signs. Examination of the left elbow noted tenderness over a healed incision and range of motion from 0 to 120°. Examination of the left wrist noted tenderness and effusion with limited range of motion. Decreased sensation was noted in the index, middle, and ring fingers of the left hand. There was a diagnosis of left wrist carpal tunnel syndrome, status post left elbow cubital tunnel release, and status post arthroscopic decompression of the right shoulder. Continued use of hydrocodone, cyclobenzaprine, and Doral was indicated as well as a topical compounded medication. A previous request dated January 17, 2014 for Doral was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DORAL (QUAZEPAM) 5 MG #30: 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, 23

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

Decision rationale: Doral is a benzodiazepine usually prescribed for insomnia. While there is no mention of insomnia in the attached medical record, the injured employee has nonetheless been taking this medication for an unknown period of time. The California MTUS chronic pain medical treatment guidelines do not recommend the use of benzodiazepines in the long term. Therefore, when noting the only clinical indication is an acute flareup, there is insufficient clinical data presented to support this request. With this, the request is not medically necessary.