MAXIMUS Federal Services

Case Number:	CM14-0148157		
Date Assigned:	09/18/2014	Date of Injury:	04/14/2006
Decision Date:	12/31/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/11/2014

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 and 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 57-year-old female with the date of injury of April 14, 2006. The listed of diagnoses are status post bilateral carpal tunnel release with residual median nerve irritation (2006) and chronic intermittent right medial and lateral epicondylitis. According to progress report dated August 11, 2014, the patient presents with bilateral wrist and hand pain, right worse than left. Patient also reports disrupted sleep pattern due to nocturnal symptoms. Treating physician notes that "sleep aid helped and she used it intermittently with good success and no habit forming behavior." Physical examination revealed weak grip strength in bilateral hands. There is the thenar atrophy, which is significant on the right side compared to the left. She has pain on palpation of the thenar eminence and any compression of the wrist causes pain and discomfort. The patient is currently not working and has not worked since 2006. The treating physician recommended that the patient continue with medications. Utilization review denied the request on August 30, 2014. Treatment reports from December 13, 2013 through August 11, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone/Apap 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with bilateral wrist and hand pain. The current request is for one prescription of Hydrocodone/APAP 10/325 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient was first prescribed Hydrocodone on 12/13/2013. Report 3/12/14 states that that a refill for Hydrocodone was dispensed and the patient is taking "around two a day when it is severe." Report dated 4/21/14 documents current pain as 8.5/10. The treating physician recommended refill of Norco as taking one to two per day "seems to work for her." On 6/25/14, the treating physician provided refills of medications stating that "she needs refills on meds as she is P&S with future care." Report dated 8/11/14 states that combination of Naproxen and Norco decreased pain by 50%. In this case, recommendation for further use cannot be supported as the treating physician provides no discussion regarding functional improvement or specific changes in the ADLs with utilizing long-term opioid. Urine drug screens to monitor for compliance, possible aberrant behaviors and adverse side effects are not provided as well. The treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. Recommendation is for not medically necessary.

1 Prescription of Quazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines

Decision rationale: This patient presents with bilateral wrist and hand pain. The current request is for one prescription of Quazepam 15 MG #30. The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Reports dated 3/12/13 and 4/21/14 indicate that the patient is utilizing Ambien for sleep disturbances. On 6/15/14, the treating physician made a request for Quazepam 15mg #30 for "sleep disturbances." There was no discussion as to why this medication was being initiated when prior reports state that the patient was utilizing Ambien with noted benefits. In this case, the patient has been prescribed this medication since 6/5/14. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. Long term use is not supported and recommendation is for not medically necessary.