

Case Number:	CM14-0031514		
Date Assigned:	06/20/2014	Date of Injury:	04/25/2009
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Nevada. 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 65-year-old male who was reportedly injured on April 25, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 25 2014, indicated that there were ongoing complaints of left hand pain radiating to the left index finger, into the palmar area, up to his elbow. Pain is burning in sensation with pins and needles, as well as numbness and swelling. Visual analog scale is 6/10 with medication and 10/10 without medication. The physical examination revealed mild swelling over the dorsal left hand with bluish discoloration, with significant tenderness to palpation over the left index finger and MP joint. Allodynia was present. Diagnostic imaging studies were not documented as MRI of the left hand and wrist. Previous treatment included acupuncture, physical therapy, occupational therapy, spinal cord stimulator trial, sympathetic blocks, epidural steroid injections and oral medications including gabapentin, Norco, temazepam and transdermal medication. A request had been made for temazepam 15 mg #30, and a compound medication including ketoprofen, ketamine, gabapentin and lidocaine and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Benzodiazepines) Page(s): 24 OF 127.

Decision rationale: Benzodiazepines are not recommended for long-term use. Because of long-term efficacy, it is unproven and the risk of dependence is high. Most guidelines limit use to four weeks. Tolerance to hypnotic effects developed rapidly. Benzodiazepines are not the first line of treatment for insomnia. According to the documentation, the patient has been on temazepam longer than four weeks. Therefore, it is not medically necessary.

Compounded medication including Ketamine, Ketoprofen, Gabapentin and Lidocaine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product, that contains at least one drug (or drug class) that is not recommended, is not recommended. Based on the documentation, the patient does have neuropathic pain and is currently taking Neurontin with some reduction in his pain symptoms. However, there is no documentation claimant has had a trial of antidepressants. Therefore, the request for this compound is not medically necessary.