MAXIMUS Federal Services

Case Number:	CM14-0033621		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2010
Decision Date:	09/16/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 54-year-old female who reported an injury 07/06/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 03/11/2014 indicated diagnoses of sprain of neck, tenosynovitis of the hand/wrist, and carpel tunnel syndrome. The injured worker reported she was 1 week status post right carpal tunnel release. The injured worker reported no numbness or paresthesia. On physical examination, the wound was okay and there was range of motion to the wrist and fingers. The treatment plan included physical therapy and return to clinic in 2 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for Strazepam. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strazepam (Sentra PM & Temazepam) Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment of Workers Compensation, Pain Chapter, Insomnia Treatment, page 68, 70http://www.odg-twc.com/odgtwc/pain.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: The request for Strazepam (Sentra PM & Temazepam) is not medically necessary. The Official Disability Guidelines state Strazepam is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Sentra PM is a medical food. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The documentation provided did not indicate if the injured worker had been utilizing Strazepam, and if so, it was not indicated how long the injured worker had been utilizing Strazepam. In addition, Strazepam contains Sentra PM which is a medical food. The documentation submitted did not indicate the injured worker was on dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements that must be used under medical supervision. Furthermore, the request did not indicate a dosage or frequency for the medication. Therefore, the request is not medically necessary.