

Case Number:	CM14-0040709		
Date Assigned:	06/27/2014	Date of Injury:	06/21/2011
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 37-year-old female with a reported date of injury on 06/21/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include forearm joint pain, reflex sympathetic dystrophy of upper limb, carpal tunnel syndrome, hand joint pain, and encounter for therapeutic drug monitoring. Her previous treatments were noted to include medications, Functional Restoration Program, and physical therapy. The progress note dated 06/16/2014 revealed the injured worker complained of right shoulder pain, right elbow pain, and right wrist pain. The injured worker rated her pain a 6/10, described as burning, squeezing and throbbing. The injured worker indicated the medications were not effective, and side effects included nausea. The injured worker indicated she tolerated the medications well, and showed no evidence of developing medication dependency. The injured worker did not feel the current medications where was taking had adequately addressed her pain needs and would like to try a different medications.. Her medication regimen was noted to include fluoxetine 40 mg (1 daily), lidocaine 5% patch (one 12 hours on and 12 hours off), Zofran 8 mg, Norco 10/325 mg, (1 twice a day), and tramadol 100 mg (1 daily). The physical examination to the right wrist noted painful range of motion and the right upper extremity had restricted range of motion and motor neglect. There was noted abnormal temperature and mechanical allodynia, and cold allodynia. The right upper extremity was also noted to have hyperalgesia to single pinprick. The neurological examination noted grip strength was 3/5 on the right side. The Request for Authorization form was not submitted within the medical records. The prospective request for 1 prescription of methadone 10 mg #60 and 1 prescription of Quazepam 15 mg; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The prospective request for 1 prescription of Methadone 10 mg. # 60 is non-certified. The injured worker was utilizing methadone 5 mg according to the documents provided and complained of chronic nausea with utilization. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation regarding evidence of decreased pain, improved functional status, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Quazepam 15 mg: Upheld

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

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

Decision rationale: The prospective request for 1 prescription of Quazepam 15 mg is non-certified. The injured worker was utilizing this medication from 01/2014 to 04/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. 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 an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation provided indicated the injured worker was getting a better night's sleep with the use of quazepam; however, the guidelines recommend short term utilization of up to 4 weeks. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

