

Case Number:	CM14-0051104		
Date Assigned:	09/12/2014	Date of Injury:	02/15/2002
Decision Date:	10/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 71 year old male who was injured on 02/15/2002. The mechanism of injury is unknown. Progress report dated 03/10/2014 states the patient presented with complaints of pain radiating from his hands and wrists to his forearm. He reported weakness, numbness and tingling as well. He has been taking naproxen, and diazepam and states the medications help in reduction of his symptoms. On exam, bilateral wrists revealed range of motion with flexion and extension to 30 degrees bilaterally with tenderness. Bilateral hands revealed limited range of motion for flexion and extension of the fingers. There is fusion of the fingers and tenderness to palpation. Motor and reflexes are within normal limits. The patient is diagnosed with bilaterally carpal tunnel syndrome and bilateral cubital tunnel syndrome. The patient was recommended to continue naproxen (Anaprox) and diazepam (Valium) which he has been utilizing since 09/13/2013. Prior utilization review dated 03/10/2014 states the request for 1 Prescription For Valium 10mg, #60 (Through Express Scripts 800-945-5951) is not certified based on the clinical information submitted; Prescription For Anaprox 550mg, #60 (Through Express Scripts 800-945-5951) is not certified based on the clinical information submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR VALIUM 10MG, #60 (THROUGH EXPRESS SCRIPTS 800-945-5951)--: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS: WEANING OF MEDICATIONS.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their 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." In this case a request is made for valium for a 71-year-old male with chronic pain due to bilateral carpal and cubital tunnel syndromes. However, the patient is prescribed valium on a long-term basis without evident functional improvement. Benzodiazepines are not first-line treatment for neuropathic pain. History and examination findings do not support an exception to guideline recommendations. Medical necessity is not established.

1. PRESCRIPTION FOR ANAPROX 550MG, #60 (THROUGH EXPRESS SCRIPTS 800-945-5951): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-8.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis. They are recommended as an option for short-term symptomatic relief of chronic low back pain. In this case a request is made for Anaprox for a 71-year-old male with chronic pain from bilateral carpal and cubital tunnel syndromes. However, the patient is prescribed this medication on a long-term basis without evidence of clinically significant functional improvement, including reduction in dependency on medical care. There is no discussion of osteoarthritis. Medical necessity is not established.