MAXIMUS Federal Services

Case Number:	CM14-0076760		
Date Assigned:	07/18/2014	Date of Injury:	01/30/2012
Decision Date:	10/02/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 34 year old female who reported a date of injury of 01/30/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of elbow tendonitis bilaterally, left carpal tunnel syndrome and status post right carpal tunnel release. Prior treatments included physical therapy, the use of a TENS unit and local injections. The injured worker had a MRI of the right wrist on 03/12/2014 and an x-ray of the wrist and cervical spine on 01/26/2012. Surgeries included carpal tunnel release on 08/05/2013. The injured worker had complaints of moderate pain in the bilateral elbows and wrists. The clinical note dated 02/20/2014 had findings including the injured worker had restricted range of motion in the elbows and wrists bilaterally with tenderness to palpation without the presence of spasms. Medications included topical medications, Fluriflex and Tramadol. The treatment plan included the recommendation for physical therapy. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg po qhs for sleep disorders: Upheld

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

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

Decision rationale: The request for Restoril 30mg PO QHS for sleep disorders is not medically necessary. The injured worker had complaints of moderate pain in the bilateral elbows and wrists. The California MTUS guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, guidelines limit use to 4 weeks. Benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develop rapidly and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The guidelines do not support the long term use of benzodiazepines and their use should be limited to 4 weeks, however, the injured worker is noted to have been using Restoril since the 02/04/2014 examination. The continued us of the medication would exceed the guideline recommendation of a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

Miacalcin nasal spray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bone Resorption Page(s): 27, 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines complex regional pain syndrome Page(s): 35-38.

Decision rationale: The request for Miacalcin nasal spray is not medically necessary. The injured worker had complaints of moderate pain in the bilateral elbows and wrists. The California MTUS guidelines indicate treatment of bone resorption with bisphosphonate-type compounds and calcitonin for complex regional pain syndrome (CRPS) is recommended. Fosamax given in oral doses of 40mg a day over an 8 week period produced improvements in pain, pressure tolerance and joint mobility. Mixed results have been found with intranasal calcitonin (Miacalcin) and is not recommended. The injured worker does demonstrate symptoms of complex regional pain syndrome (CRPS) which can increase the risk of osteoporosis, which supports the use of calcitonin; however, the guidelines do not recommend the use of an intranasal calcitonin spray such as Miacalcin. As such, the request is not medically necessary.

Gabapentin 300 mg po qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AED'S) Page(s): 18,19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AED'S) Page(s): 16-19.

Decision rationale: The request for Gabapentin 300mg PO QID is not medically necessary. The injured worker had complaints of moderate pain in the bilateral elbows and wrists. The

California MTUS guidelines indicate the use of Gabapentin for the treatment of painful diabetic neuropathy and postherpetic neuralgia and, as a first-line of treatment for neuropathic pain. Gabapentin is recommended for an adequate trial of 3-8 weeks for titration with documentation of a change in the patient's pain or function. There is a lack of documentation the injured worker has significant neuropathic pain, diabetic neuropathy or postherpetic neuropathy. Furthermore, the injured worker is noted to have been using Gabapentin since the 02/04/2014 examination, the guidelines indicate a trial of Gabapentin of 3-8 weeks with documentation of the injured worker's pain and function with the use of the medication. There is a lack of documentation indicating an improvement in the injured worker's change in pain or function. As such, the request is not medically necessary.