

Case Number:	CM14-0096220		
Date Assigned:	09/15/2014	Date of Injury:	09/02/2004
Decision Date:	11/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/24/2014

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 injured worker is a 59-year old female with a date of injury on 9/2/2004. Per 1/17/2014 records in the injured worker stated that her medications made little difference. She reported that she felt a little bit off but does not feel herself and was not quite sure what it is caused by. She reported that Cymbalta was helping although she still has pain in the right shoulder. Records dated 3/13/2014 notes that the injured worker had a follow-up visit. She reported that her pain was worse and stated that she has not done anything differently. She stated that she would like to talk to the treating physician about her medications and though she might have built up tolerance to her medications. She also reported that she may be tolerant to oxycodone and tried Butrans patch before but either she would sweat it off or it did not work. Pain was worse. She also reported a trial of spinal cord stimulator (SCS) but she was afraid to do it. She rated her pain level as 7-8/10 with medications and without medications; she rated her pain as 9-10/10. Objectively, her upper extremity range of motion was 4/5. Records dated 4/9/2014 documents that she rated her pain as 5-7/10 with medications and 7.5-9.5/10 without medications. She reported that she was getting adequate pain relief with her medications. She described her pain as tingling, burning, tingling, and sensitive. Objectively, range of motion was limited in all planes bilaterally. Trigger finger was noted. Sensation was decreased on the right. Her hand and feet were more swollen for one day. Most recent records dated 6/5/2014 documents that she rated her pain medications her pain level was rated at 4-6/10 and without medications she rated her pain as 8.5/10. She reported that she was bothered with her reported trigger finger. On examination, tenderness was noted over the proximal interphalangeal (PIP) and left middle finger. She is diagnosed with (a) chronic intractable pain, (b) complex regional pain syndrome, and (c) trigger finger with inflammation of tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

narcotic Oxycodone 0mg , 1po q 4-6 no refills requested QTY:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Evidence-based guidelines generally do not recommend opioids in the chronic term. However, guidelines indicate that opioids are to be utilized in the long-term criteria for ongoing management or continuation of opioids needs to be met. In this case, the injured worker is noted to be utilizing opioids in the long-term. Although it is noted that her pain levels were decreasing with her medications, there is no documentation of any significant objective findings as well as significant functional improvements. In addition, there is no presentation of a urine drug screening test that would detail compliance and adherence to current medication regimen. Also, there is no indication that the injured worker has returned to work. Due to not satisfying the requirements for ongoing or continued use of opioids, the Narcotic Oxycodone 0mg, 1by mouth every 4-6 no refills requested QTY: 120 is not medically necessary.

Soma 350mg , 1po bid QTY:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Evidence-based guidelines indicate that this medication is not recommended and is not indicated for long-term use due to generalized sedation and treatment anxiety. Also, this medication is subject for abuse to sedative and relaxant effects. In this case, records indicate that the injured worker is utilizing this medication in the chronic term which is against the recommendations of guidelines. Moreover, there is no indication of acute exacerbations of spasms. There is no provided justification that would support outside the recommendations of evidence-based guidelines. Based on these reasons, the Soma 350mg, 1by mouth twice times per day QTY: 60 is not medically necessary.

Ambien CR 12.5mg QTY:30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Evidence-based guideline point out that Ambien, generally classified under non-benzodiazepines, is the first-line treatment option for insomnia. However, Ambien is only recommended or indication for the short-term treatment of insomnia while it extended release form is indication for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance for up to 24 weeks in adults. In this case, the injured worker is utilizing this medication in the long-term and records do not indicate any sleep difficulties. Based on not meeting the indications for this medication and there is no presented justification for use outside the recommendations of guidelines, the Ambien CR 12.5mg QTY:30 is not medically necessary.

Valium 10mg 1-2 po q 6 QTY:10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Muscle Relaxants

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

Decision rationale: Valium is classified under Benzodiazepines and according to evidence-based guidelines this drug class is not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Its usage is mostly limited up to 4 weeks by most guidelines. In this case, the injured worker is noted to be utilizing Valium since 5/8/2014. Since there is no support for long-term usage, the Valium 10mg 1-2 by mouth every 6 QTY: 10 is not medically necessary.