

<b>Case Number:</b>	CM14-0195787		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Interventional Spine 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 53 year old male who sustained a work related injury on June 25, 2013, with injury to the left wrist while handling baggage. Past medical history included s/p bilateral hip replacements 2010 and s/p back surgery 1990. According to the doctor's first report dated June 25, 2013, there was tenderness of the ulnar aspect of the left wrist and forearm, with good range of motion, grip strength, and sensation intact. No swelling or ecchymosis noted, and radial and ulnar pulses are 2+. The listed diagnosis is s/p left wrist strain. An MRI of the left wrist dated September 7, 2013, showed degenerative changes of the distal radial ulnar joint including some bone remodeling of the radius consistent with chronic radial ulnar abutment, negative ulnar variant present; degenerative changes of the proximal ulnar aspect consisting of chondromalacia with subcortical minimal cyst formation, and no evidence of AVN (avascular necrosis). The most recent progress report provided for review is dated October 9, 2013. According to this report, the patient is better and is using a wrist brace; however, he has pain with ulnar deviation. On examination there is mild to moderate tenderness along the ECU tendon sheath with minimal ulnar snuffbox tenderness and minimal dorsal ulnar wrist joint tenderness. Forearm motion is full, although he does have some pain with supination and some restrictions on full supination. The diagnosis is documented as left ulnar-sided wrist sprain/strain, most consistent with acromioclavicular tendinitis. The treatment plan included full time splinting with the addition of topical compounded anti-inflammatory cream. The request is for Restoril and Meloxicam. Of note, there is no documentation present in the medical file for the requested medications. The Utilization denied the request on November 3, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril (Temazepam) 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 67-68, 70-72.

**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:** This patient presents with left wrist and forearm pain. ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: Temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." The medical record provided for review does not indicate how long this patient has been utilizing this medication. In this case, recommendation cannot be made as there is no documentation that this patient suffers from insomnia. In addition, the treating physician does not state that this medication is intended for short-term use. This request is not medically necessary.

**Meloxicam 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,67-68, 70-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60-61, 22.

**Decision rationale:** This patient presents with left wrist and forearm pain. Meloxicam is a non-steroidal anti-inflammatory drug (NSAID). MTUS guidelines states anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The progress reports provided for review do not discuss the medication Meloxicam. The Utilization review letter dated 11/3/14 states "medical record documentation indicates that this patient has been on this medication for a period of time." In this case, recommendation for further use cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. This request is not medically necessary.

