

Case Number:	CM14-0199104		
Date Assigned:	12/09/2014	Date of Injury:	02/03/2004
Decision Date:	02/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 63 year old female with an injury date of 02/03/04. Per the 09/26/14 and 08/26/14 reports the patient presents with neck and bilateral shoulder pain with weakness numbness and tingling in the hands along with elbow and wrist pain. The patient currently is not working. Examination reveals tenderness along the trapezius and shoulder girdle bilaterally. Range of motion of the cervical spine is reduced 30% secondary to pain. The patient's diagnoses include:1. Bilateral shoulder impingement with tendinopathy and AC joint arthritis2. Cervical sprain/strain with a radicular component down her upper extremities with EMG being abnormal on 08/07/09 showing bilateral C3 through C8 nerve root impingement.3. Carpal tunnel syndrome bilaterally (08/26/14 report)4. Ulnar neuritis bilaterally, left greater than right. (08/26/14 report)The patient uses TENS and requires replacement of braces for the elbow. The treating physician is requesting for a cervical traction air bladder. The 09/26/14 report states all the patient's medications have been denied by Utilization review. Medications are listed as Norco, Valium for muscle spasms, Protonix, and Nalfon for inflammation. The utilization review being challenged is dated 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #30: Upheld

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

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

Decision rationale: The patient presents with neck, bilateral shoulder, wrist and elbow pain. The request is not medically necessary and appropriate is for Valium 10 mg #30 (Diazepam a Benzodiazepine). The RFA is not provided. The 10/28/14 utilization review states the request is per the report dated 09/26/14. MTUS, Benzodiazepines, page 24 states, "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." The treating physician states that the medication is for muscle spasms. The reports show the patient has been prescribed this medication since at least 11/07/13. However, it does not appear that the patient has been continually using the medication since that time. It is unclear how much the patient has actually used the medication. Reports from 03/14/14 to 09/26/14 discuss the appeal of the denial of this and other medications. On 04/15/14 the treating physician states the patient has been without medications for the last few months. In this case, MTUS recommends use of Benzodiazepines be limited to 4 weeks and the patient has been prescribed the medications months longer. The treating physician does not state that use is to be short-term. The request is not medically necessary.

Nalfon 400 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with neck, bilateral shoulder, wrist and elbow pain. The treating physician requests is for Nalfon 400 mg #60 (Fenoprofen calcium an NSAID). The RFA is not provided. The 10/28/14 utilization review states the request is per the report dated 09/26/14. MTUS Anti-inflammatory medications page 22 state, "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." The treating physician states on 09/26/14 that use is for inflammation. The reports provided show intermittent use of other NSAID's by this patient. The treating physician does not discuss whether or not NSAID's have helped the patient. It appears that the patient is just starting this medication. MTUS does support the use of NSAID's for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, chronic pain is well documented in this patient along with a radicular component. The request is medically necessary.