

Case Number:	CM14-0209787		
Date Assigned:	12/22/2014	Date of Injury:	02/01/2003
Decision Date:	03/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female who reported an injury on 02/01/2003. The mechanism of injury involved repetitive activity. The current diagnosis is left elbow recurrent cubital tunnel syndrome. The injured worker was evaluated on 09/04/2014. The injured worker reported ongoing weakness in the left arm with paresthesia extending out to the hand. Upon examination there was active range of motion of the left arm with 0 degrees to 154 degrees elbow extension to flexion, 80 degree supination, positive Tinel's at the aspect of the left elbow, consistent with ulnar nerve entrapment and moderate degree of scar tissue adhesion. Recommendations at that time included a left elbow submuscular ulnar nerve transposition with NeuraGen grafting. A Request for Authorization form was submitted on 11/19/2014 for Norco 10/325 mg, methadone 10 mg, Valium, Senokot and temazepam. However, there was no physician progress report submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg CAP (QTY: unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web: updated 10/06/2014), Opioids for Chronic Pain

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy has been unproven and there is a risk of dependence. The injured worker has utilized temazepam since at least 06/2014. As the guidelines do not recommend long term use of benzodiazepines, ongoing use would not be supported in this case. The injured worker is also noted to be utilizing Valium. The medical necessity for 2 separate benzodiazepines has not been established. There was also no frequency or quantity listed in the above request. As such, the request is not medically appropriate.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids; Opioids Initi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), updated 10/30/2014, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of Norco. There was also no frequency listed in the above request. As such, the request is not medically appropriate.

Methadone tab 10mg q8h #450: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids; Opioids Initi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), updated 10/30/2014, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risks. There was no documentation of a failure of first line treatment prior to the initiation of methadone HCl 5 mg as a second line option. The injured worker is currently utilizing Norco 10/325mg without

any adverse effects noted. The medical necessity for the ongoing use of Methadone has not been established. Given the above, the request is not medically appropriate.

Valium tab 0.5mg/ml 1 po TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle Relaxants for Pain Page(s): 24; 63.

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy has been unproven and there is a risk of dependence. The injured worker has utilized Valium since at least 06/2014. As the guidelines do not recommend long term use of benzodiazepines, ongoing use would not be supported in this case. The injured worker is also noted to be utilizing Temazepam. The medical necessity for 2 separate benzodiazepines has not been established. As such, the request is not medically appropriate.