

Case Number:	CM15-0146757		
Date Assigned:	08/10/2015	Date of Injury:	12/07/1998
Decision Date:	09/22/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 12-7-98. The mechanism of injury was not indicated. The injured worker was diagnosed as having unspecified disorder of muscle ligament, pain in forearm joint and unspecified neuralgia, neuritis and radiculitis. Treatment to date has included Duragesic patch 100mcg, Norco 10-325mg, Amitiza 24mcg, Restoril 15mg and activity restrictions. Currently on 7-9-15, the injured worker complains of continued pain in right wrist with radiation to the right shoulder, characterized as constant, sharp and stabbing; he rates the pain 10 out of 10 without medication and 6 out of 10 with medication. He also notes tolerable sedation and constipation from the medication. He uses Tegaderm due to Duragesic patches falling off. He is currently not working Physical exam performed on 7-9-15 revealed slightly decreased right hand strength, painful range of motion of right wrist, slight hyperpigmentation over the right distal forearm and moderate tenderness to palpation over the palmar and dorsal surface of the right wrist. A request for authorization was submitted for Duragesic 100mcg #15, Tegaderm #30, Amitiza 24mcg #60, Restoril 15mg #30 and Remeron 15mg #30 on 7-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm film 4x4 Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://solutions.3m.com/wps/portal/3M/en_US/3MC3SD/Wound-Care/Brands/Tegaderm/.

Decision rationale: MTUS guidelines do not address the use of Tegaderm, therefore, alternative guidelines were consulted. Per manufacturer's information, Tegaderm Film Dressings are designed with a highly breathable transparent film to cover and protect IV sites while providing continuous observation. Provides secure adhesion that is gentle to the skin per the treating physician, tegaderm is being requested in order to be placed over Duragesic patches to hold them in place. The injured worker has been approved for 15 Duragesic patches. This request for 30 patches exceeds what is needed. The request for Tegaderm film 4x4 Qty 30 is not medically necessary.

Restoril 15 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section and Weaning of Medications Section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over a year, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Restoril 15 mg Qty 30 is not medically necessary.

Remeron 15 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: MTUS guidelines do not address the treatment of insomnia, therefore, alternative guidelines were consulted. Per the ODG, sedating antidepressants such as Remeron have also been used to treat insomnia; however, there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. In this case, there is

no evidence of concurrent depression. The request for Remeron 15 mg Qty 30 is not medically necessary.