

Case Number:	CM15-0147052		
Date Assigned:	07/31/2015	Date of Injury:	06/06/2013
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 56 year old female patient who sustained an industrial injury on June 06, 2013. A recent primary treating office visit dated July 02, 2015 reported subjective complaint of continued with left elbow pain with weakness, and left middle finger trigger finger. She is diagnosed with left elbow cubital tunnel, left wrist carpal tunnel syndrome, status post arthroscopic surgery right shoulder and right wrist; status post release left ring finger trigger finger; cervical spine strain-sprain and lumbar spine strain-sprain. An injection was administered this visit to the trigger finger. There is recommendation for the patient to undergo a medial epicondylectomy, left elbow, and ulnar nerve decompression with tunnel release, left wrist. She is to have post-operative course of physical therapy, sling, and Norco 10-325mg #100 no refills. Medications consisted of: Ultram, Ibuprofen, and Restoril. Of note, the patient was previously deemed as permanent and stationary. The following were prescribed this visit: Tramadol, Restoril, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use when provided to treat non-cancer pain. The patient reports ongoing pain and pain limited function that is not helped with Tramadol. The ongoing use of Tramadol does not adhere to MTUS 2009 and is not medically necessary.

Restoril 15mg #30: Upheld

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

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

Decision rationale: ODG recommends against the long term use of benzodiazepines However, Restoril is indicated for short term use. If benzodiazepines are to be prescribed documentation of efficacy and the specific necessity for use, the current medical records lack documentation that would support use of benzodiazepines in this patient. The benefit from the use of Restoril is not self-evident in this case, Restoril is not medically necessary.