

Case Number:	CM15-0218961		
Date Assigned:	11/10/2015	Date of Injury:	04/24/2012
Decision Date:	12/28/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 51 year old male, who sustained an industrial injury on 4-24-2012. Medical records indicate the worker is undergoing treatment for carpal tunnel syndrome status post left decompression, left carpal-metacarpal joint inflammation and stenosing tenosynovitis on left wrist. A progress report from 6-25-2015 reports the injured worker complained of left wrist pain with intermittent numbness and tingling. A recent progress report dated 9-28-2015, reported the injured worker complained of intermittent pain with weakness, numbness and tingling (presumed left hand). Physical examination revealed left wrist and carpal-metacarpal joint tenderness. Electro diagnostic studies showed diabetic peripheral neuropathy and superimposed bilateral median nerve compression at wrists. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), carpal tunnel release in 1-2014, physical therapy, Ultram (since at least 4-13-2015) and Valium (since at least 9-28-2014). The physician is requesting Ultram 50mg #60 and Valium 10mg #15. On 10-12-2015, the Utilization Review noncertified the request for Ultram 50mg #60 and Valium 10mg #15.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Ultram 50 mg #60 is not medically necessary.

Valium 10mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has had numerous requests for benzodiazepines denied as guidelines do not recommend the for sole treatment of chronic muscle pain. The request for Valium 10 mg #15 is not medically necessary and appropriate.