

Case Number:	CM15-0056395		
Date Assigned:	04/01/2015	Date of Injury:	12/01/2004
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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

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, who sustained an industrial injury on December 1, 2004. She reported bilateral wrist pain with associated tingling and numbness of the hands and poor grip. The injured worker was diagnosed as having chronic bilateral wrist tendonitis, bilateral carpal tunnel syndrome, cervical spondylosis, chronic neck pain and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture, medications, carpal tunnel release and work restrictions. Currently, the injured worker complains of continued chronic pain and bilateral tingling with occasional numbness of the upper extremities and hands. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 31, 2014, revealed continued pain status post carpal tunnel release. The plan included adjustments and renewals of pain medications and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, Day Supply 30, quantity 30, 3 refills (DOS 02/26/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in both arms from the elbows down. The request is for IBUPROFEN 600MG, DAY SUPPLY 30, QUANTITY 30, 3 REFILLS (DOS 2/26/15). The request for authorization is for Ibuprofen 600mg TPO BID PRN #60 dated, 02/24/15. The patient is status-post bilateral carpal tunnel release, date unspecified. She is able to go on with her daily activities and she is trying to manage her pain non-pharmacologically with stretching, yoga and alternative ointments. She recently experiences more anxiety and depression because her father passed away. She had psychology counseling in the past, but lately she is on independent home program. She has completed the six authorized acupuncture treatments, which helped a lot with pain and was able to cut down on medications. Her pain level is 3-9/10 depending on activities, and with medications 3/10. Patient's medications include Norco, Diazepam and Ibuprofen. The patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated, 12/02/14, treater's reason for the request is "Her physical examination today showed mildly swollen hands. She has myofascial tightness in wrist extensors as well as both upper trapezius muscles." The patient is prescribed Ibuprofen since at least 10/31/14. Per progress report dated, 02/24/15, treater states, "She does her usual stretches and able to maintain her daily activities around the house." Per progress report dated, 10/31/14, treater states, "Her pain level with medication is described as 6/10. With medication her pain level is 3/10." The patient continues with hand and wrist pain. The treater has adequately documented decreased in pain and increase in function. Per progress report dated, 02/24/15, treater states, "She is down from 2400mg of ibuprofen, before treatment to 1200 mg a day. Follow-up appointment in three months." Therefore, the request IS medically necessary.

Diazepam 10mg, Day Supply 30, quantity 30, 1 refill (DOS 02/26/2015): Upheld

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

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

Decision rationale: The patient presents with pain in both arms from the elbows down. The request is for DIAZEPAM 10MG, DAY SUPPLY 30, QUANTITY 30, 1 REFILL (DOS

2/26/15). The request for authorization is for Diazepam 10mg TPO QD PRN #30 dated, 02/24/15. The patient is status-post bilateral carpal tunnel release, date unspecified. She is able to go on with her daily activities and she is trying to manage her pain non-pharmacologically with stretching, yoga and alternative ointments. She recently experiences more anxiety and depression because her father passed away. She had psychology counseling in the past, but lately she is on independent home program. She has completed the six authorized acupuncture treatments, which helped a lot with pain and was able to cut down on medications. Her pain level is 3-9/10 depending on activities, and with medications 3/10. Patient's medications include Norco, Diazepam and Ibuprofen. The patient's work status is not provided. MTUS guidelines state on page 24 that benzodiazepines are "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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per progress report dated, 11/21/14, treater's reason for the request is "for muscle spasms and anxiety in the past. The diazepam helps her to take less opioids and continue daily activities without much muscle spasms." The patient is prescribed Diazepam since at least 10/08/14. However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for Diazepam #30 with 1 refill exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.