

Case Number:	CM15-0080117		
Date Assigned:	05/01/2015	Date of Injury:	10/06/2010
Decision Date:	06/02/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 61 year old female, who sustained an industrial injury on 10/06/2010. She reported injuring her left shoulder and right hand and was diagnosed with a shoulder fracture. The injured worker is currently diagnosed as having status post displaced left proximal humeral fracture with open reduction and internal fixation, subsequent hardware removal and total shoulder replacement and right upper extremity chronic regional pain syndrome. Treatment and diagnostics to date has included left shoulder surgeries, physical therapy, electromyography/nerve conduction studies, and medications. On 2/9/2015, it was noted that the IW refused to perform ROM tests. The PT was discontinued because of fear of increasing the pain. In a progress note dated 03/17/2015, the injured worker presented with right hand complaints. The treating physician reported requesting authorization for Temazepam and Alprazolam. The other medications listed are Buspar, venlafaxine, gabapentin and hydrocodone. The UDS dated 2/10/2015 showed positive tests for gabapentin, hydrocodone and benzodiazepines metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Antidepressants for treatment of major depressive disorder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 28, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of anxiety or insomnia be limited to short term periods when opioids and other sedatives agents are being utilized concurrently. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interactions with other sedatives and psychiatric medications. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic and mood stabilizing effects be utilized as first line medications for neuropathic pain such as CRPS. The records indicate that the patient had utilized the medications for longer period that the guidelines recommended limit of 4 to 6 weeks. She is also utilizing multiple sedative, opioids and psychiatric medications concurrently. There is no documentation of subjective or objective findings of functional restoration with utilization of the medications. The patient was not able to continue PT or do ROM tests. The guidelines recommend cognitive behavioral therapy in patient with significant psychosomatic disorders associated with chronic pain syndrome because there is decreased efficacy with treatments with medications, PT, pain injections and surgical treatment options. The criteria for the use of temazepam 30mg #60 with 2 refills was not met. The request is not medically necessary.

Alprazolam 0.5mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Antidepressants for treatment of major depressive disorder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of anxiety or insomnia be limited to short term periods when opioids and other sedatives agents are being utilized concurrently. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interactions with other sedatives and psychiatric medications. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic and mood stabilizing effects be utilized as first line medications for neuropathic pain such as CRPS. The records indicate that the patient had utilized the medications for longer period that the guidelines recommended limit of 4 to 6 weeks. She is also utilizing multiple sedative, opioids and psychiatric medications concurrently. There is no documentation of subjective or objective findings of functional restoration with utilization of the medications. The patient was

not able to continue PT or do ROM tests. The guidelines recommend cognitive behavioral therapy in patient with significant psychosomatic disorders associated with chronic pain syndrome because there is decreased efficacy with treatments with medications, PT, pain injections and surgical treatments. The criteria for the use of alprazolam 0.5mg #30 with 2 refills was not met. The request is not medically necessary.