

Case Number:	CM15-0114679		
Date Assigned:	06/22/2015	Date of Injury:	03/09/2013
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 45 year old female, who sustained an industrial injury on 3/9/13. The injured worker was diagnosed as having cervical spine sprain, radiculopathy of the cervical spine, impingement syndrome of the right shoulder, left shoulder ligamentous sprain, bilateral carpal tunnel syndrome, lumbar spine sprain and strain, lumbar radiculitis, and right elbow cubital tunnel syndrome. Treatment to date has included medication. Currently, the injured worker complains of pain in the cervical spine, right shoulder, bilateral wrists/hand, and low back. The treating physician requested authorization for 3 Temazepam 15mg #30, Etodolac 400mg, Cyclobenzaprine 5mg, and 1 second cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Temazepam 15mg Qty: 30 unspecified refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; section: Pain (Chronic) updated (04/30/2015).

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

Decision rationale: The patient is a 45 year old female with an injury on 03/09/2013. She has cervical sprain/strain, lumbar sprain/strain, bilateral carpal tunnel syndrome and right cubital tunnel syndrome. Temazepam is a benzodiazepine muscle relaxant. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not recommended.

Etodolac 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 45 year old female with an injury on 03/09/2013. She has cervical sprain/strain, lumbar sprain/strain, bilateral carpal tunnel syndrome and right cubital tunnel syndrome. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Cyclobenzaprine 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 45 year old female with an injury on 03/09/2013. She has cervical sprain/strain, lumbar sprain/strain, bilateral carpal tunnel syndrome and right cubital tunnel syndrome. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

1 second cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 45 year old female with an injury on 03/09/2013. She has cervical sprain/strain, lumbar sprain/strain, bilateral carpal tunnel syndrome and right cubital tunnel syndrome. MTUS, chronic pain guidelines note that epidural steroid injections do not affect impairment of function or the need for surgery. They do not provide long-term pain relief. They can provide short-term pain relief to be used in conjunction with a home exercise program and with other rehabilitation efforts in an effort to increase patient activity at the start of an injury. There is insufficient evidence to substantiate the medical necessity of cervical epidural steroid injections and as noted above, very limited support for lumbar epidural steroid injections. The requested epidural steroid injection is not medically necessary for this patient.