

Case Number:	CM15-0048251		
Date Assigned:	04/23/2015	Date of Injury:	01/12/2006
Decision Date:	05/21/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

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 66-year-old male who sustained an industrial injury on 01/12/2006. The injured worker was diagnosed with left index finger laceration, fracture and partial nail avulsion, carpal tunnel syndrome, spinal stenosis of the lumbar spine without neurogenic claudication, and left lumbar degenerative disc disease. The injured worker's medical history includes hypertension and diabetes mellitus. Treatment to date includes diagnostic testing, surgeries, physical therapy and medications. The injured worker is status post L4-5 laminectomy in 2014, bilateral carpal tunnel releases in 2006 and 2009 with recurrent symptoms. According to the primary treating physician's progress report on February 17, 2015, the injured worker continues to experience numbness and tingling in both hands associated with cramping, paralysis at times and dropping objects. Examination of the hands demonstrated decreased light touch in left arm and both hands but left greater than right. Examination of the lower back noted decreased light touch sensation in the right leg from the knee to the foot and in the left leg from mid-calf to the foot. There was full range of motion of all major joints. Current medications are listed as Hydrocodone and Triazolam. Treatment plan consists of the current request for an electromyography (EMG), neurology referral and Triazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam 0.25/0.50mg #60 with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS, 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. (Baillargeon, 2003) (Ashton, 2005). According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and the treatment is not medically necessary.

Electromyographic (EMG) study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IW's complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore, at this time, the requirements for treatment have not been met, and the treatment is not medically necessary.

Referral to neurology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The ACOEM Chapter 8 on Neck Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to neurology. Therefore, at this time, the requirements for treatment have not been met, and the treatment is not medically necessary.