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| Case Number: | CM15-0076839 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 12/27/2011 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63-year-old female, who sustained an industrial injury on December 27, 2011. She reported head, face, right cheek, nose, and mouth, left upper extremity, left hand and fingers and left knee injury after falling face first on a parking block while moving a heavy table. The injured worker was diagnosed as having post-op ACL repair, intractable pain and left middle finger triggering. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee and left hand, extensive physical therapy, injections in the hand, medications and work restrictions. Currently, the injured worker complains of left knee and left hand pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 11, 2014, revealed continued pain. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12,13 83 and 113 of 127.

Decision rationale: This claimant was injured 4 years ago. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Alprazolam 0.5 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This claimant was injured 4 years ago. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. Therefore, this request is not medically necessary.