

Case Number:	CM14-0207610		
Date Assigned:	12/19/2014	Date of Injury:	04/17/2014
Decision Date:	10/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/11/2014

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, Pain Management, 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 46 year old male, who sustained an industrial injury on 4-17-14. The injured worker was diagnosed as having cervical spine strain-sprain with myospasms; status post ORIF right wrist; left hand strain-sprain; upper extremity neuropathy; lumbar spine sprain-strain with radiculitis; lumbar spine disc protrusion; right shoulder tendinosis; right shoulder bursitis; right shoulder osteoarthopathy; right shoulder subchondral cyst erosion; cervical spine multilevel disc protrusions; cervical spine disc desiccation; medication induced gastritis.

Treatment to date has included chiropractic therapy; physical therapy; medications. Diagnostics studies included EMG-NCV study upper extremities (9-15-14). Currently, the PR-2 notes dated 10-10-14 indicated the injured worker reports that "since his last visit, he is worse because they are not taking care of his right arm and hand the way they should. He states that he has physical therapy, but they wouldn't touch the arm and hand, and that's where he has most of his pain. He states that he does need his medications to be refilled. He states that without the medications, his life would be unbearable because of the persistent continuous pain that he continues to have in his right arm, cervical spine, and right shoulder." The injured worker reports that he did see his other provider and he was "shocked that he wasn't getting physiotherapy of his right extremity, including the hand and wrist. He states he needs his compounds to be refilled as well." The injured worker is a status post open reduction internal fixation (ORIF) of the distal right radius fracture on 4-14-14. He has had 2 post-operative physical therapy visits to date. On physical examination the provider documents "Inspection reveals tenderness over the C5-C7 bilaterally

with paraspinous muscle spasms. Range of motion of the cervical spine is limited secondary to pain. There is tenderness over the L4-5 and L5-S1 bilaterally. Range of motion of the lumbar spine is limited secondary to pain." The upper extremity examination includes documentation: "He has no movement of the right wrist. He is able to flex and extend the hand just minimally. He has no strength. He is able to move his fingers, but he has very restricted motion of the right wrist. The patient does very well with his left wrist and hand. He has good range of motion. He has tenderness over the dorsum and volar aspect of the hand." The right shoulder examination is documented as: Comparing the left to the right upper extremity, he has muscle wasting of the entire right upper extremity. He has decreased range of motion with tenderness over the posterior supraspinatus and infraspinatus muscle group and over the acromioclavicular and bicipital groove." The provider reviews the MRI of the lumbar spine dated 7-29-14 and documents the findings as: "At L4-5, there is a 3.3mm disc protrusion. He has incidental finding of a small renal cyst on the right-side and a relatively small left kidney with compensatory hypertrophy of the right kidney. This is an incidental finding and we will give a copy of this report to his primary care provider." He also notes he has an EMG-NCV study (no date mentioned) that shows "neuropathy of the upper extremities." The provider's treatment plan indicates he is requesting an AME report from ortho and will see the injured worker back in 4-6 weeks. He is also requesting refills on his medications which he has been prescribed since at least 7-7-14 per medical documentation. A Request for Authorization is dated 12-5-14. A Utilization Review letter is dated 11-4-14 and non-certification was for retrospective date of service 10-10-14 for both Tramadol 50mg #90 and Diazepam 5mg #30. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. Utilization Review authorized the other two requested medications for retrospective date of service 10-10-14 for both Naproxen 550mg #60 and Pantoprazole DR 20mg #90. The provider is requesting authorization of retrospective date of service 10-10-14 for both Tramadol 50mg #90 and Diazepam 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 10/10/14) Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to their use when treating non cancer chronic pain. This patient continues to be considered totally disabled by his treating physician and is not released to modified duty. The ongoing use of opioids in this case does not adhere to MTUS 2009 based upon the lack of functional improvement and therefore is not medically necessary.

Retrospective (DOS: 10/10/14) Diazepam 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS 2009 states that benzodiazepines should not be used for an extended period due to lack of efficacy and risk of addiction. The ongoing use of benzodiazepines is not appropriate in this case since it does not adhere to MTUS 2009 and is not medically necessary. There is no demonstrated efficacy of the benzodiazepine in this case and the treating physician suggested that the patient wean himself from the benzodiazepines.