

<b>Case Number:</b>	CM13-0002984		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 69 year old female with date of injury 3/8/95. The mechanism of injury is stated as overuse. The patient has complained of neck pain, shoulder pain, arm pain, and upper back pain since the date of injury. She has been treated with bilateral carpal tunnel release in March 1997 as well as acupuncture, physical therapy, and medications. There are no formal radiographic data included in the available medical records. There is decreased range of motion of the right shoulder, decreased range of motion of the cervical spine, tenderness to palpation of the cervical spine, and bilateral cervical paraspinous and trapezius musculature. Diagnoses include cervical radiculopathy, chronic pain syndrome, bilateral carpal tunnel syndrome, and bilateral elbow epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

**Decision rationale:** This 69 year old female has been treated with Buspar since at least February 2013. Per UpToDate.com, Buspirone is FDA approved as a first line, short term treatment for the diagnoses of anxiety and generalized anxiety disorder. There is no documentation (subjective or objective) in the available medical records to support the presence of these diagnoses in this patient. On the basis of this lack of documentation and the above cited recommendation, Buspirone is not indicated as medically necessary in this patient.

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 69 year old female has been treated with Valium since at least February 2013. There is no discussion in the available medical records regarding the indications for use of Valium in this patient. On the basis of this lack of documentation, Valium is not indicated as medically necessary in this patient.

**60 Medrox patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** This 69 year old female has been treated with Medrox patches since at least February 2013. Per the MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Medrox patches are not indicated as medically necessary.

**Transportation to medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

**Decision rationale:** There is no documentation or discussion regarding the request for transportation to medical appointments. There is no evidence based medical data to support this

request. On the basis of this lack of documentation and lack of medical evidence, transportation to medical appointments is not indicated as medically necessary.