

<b>Case Number:</b>	CM13-0069670		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 11/7/2011. Per primary treating physician's progress report, the injured worker reports feeling unchanged pain of the left wrist. Left wrist pain radiates to the left fingers. Pain is worse on gripping, lifting and finger manipulation. On exam the left wrist has improved range of motion, tenderness to palpation of the volar carpal ligament, AIN and PIN intact, positive left hand sensory deficit. Diagnoses include 1) left hand strain/sprain 2) left wrist carpal tunnel syndrome with ganglion cyst 3) left elbow lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STRAZEPAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES. Decision based on Non-MTUS Citation ODG TWC 2013 PAIN: TEMAZEPAM, BENZODIAZEPINES.

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

**Decision rationale:** Strazepam is a benzodiazepine medication. The requesting provider does not provide any rationale why a benzodiazepine medication is needed in the management of this

injured worker. The guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment for anxiety disorders would be an antidepressant. The request for Strazepam is determined to not be medically necessary.