

<b>Case Number:</b>	CM14-0113226		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49 year old female who reported a date of injury of 10/21/2002, the mechanism of injury is unknown. The injured worker had diagnoses of right carpal tunnel syndrome, right wrist sprain/strain, right upper extremity neuropathic pain, reflex sympathetic dystrophy and complex regional pain syndrome of the right wrist, hand and upper extremity. The injured worker had previously used medications for her pain management. Diagnostic tests were not included in the medical records received. The injured worker had surgeries to include percutaneous spinal cord stimulator and right carpal tunnel release in 2005. The injured worker had complaints of right hand and wrist pain. The 08/08/2014 clinical note had findings the injured worker had right hand and cervical restricted ranges of motion by pain in all directions, positive right hand and cervical provocative maneuvers, tenderness to palpation to the right wrist and hand. The injured worker had hyperalgesia, hypesthesia, edema and a decrease of 2 degrees in temperature of the hand and wrist, the nerve root tension signs, Clonus, Babinski's and Hoffman's signs were negative. The injured worker's muscle strength was 5/5 in the right deltoid, biceps, wrist extensors and triceps, 4/5 in the right wrist flexors, grip and interossei with pain inhibition. The injured worker had decreased sensation in the right hand and wrist with hypersensitivity. Medications included Neurontin, trazadone, lunesta, silenor fentanyl patch, Norco, and Ambien. The treatment plan included medications and in-office random 12 panel urine drug screen, official report was not included in the medical records provided. The rationale noted the injured worker had been using Lorazepam for over 2 years without an increase in the dosage and has previously failed anti-depressants. The injured worker had disturbed sleep cycles that are common with chronic pain and the Ambien provided an additional 2-3 hours of sleep and without it she could only sleep 1 hour at a time. In addition, she had failed the use of Trazadone and Lunesta. The request for authorization form was received on 08/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg #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:** The injured worker had complaints of pain in the right wrist and hand. The 08/08/2014 clinical note reported the injured worker had restricted right hand and cervical ranges of motion by pain in all directions. There was also positive right hand and cervical provocative maneuvers, tenderness to palpation to the right wrist and hand. The California MTUS guidelines for benzodiazepines indicate it is 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. The physician indicated the injured worker had been using the medication for over 2 years which far exceeds the recommended time for its use. As such, the request is not medically necessary.

**Ambien 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The injured worker had complaints of pain in the right wrist and hand. The Official Disability Guidelines state Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). More studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. The clinical documentation provided indicated the Ambien provided the injured worker with an additional 2-3 hours of sleep, and without it she was only able to sleep 1 hour at a time. However, the clinical documentation received failed to provide recent exceptional factors to warrant non-adherence to guideline recommendations for short-term use of the medication for insomnia. As such, the request is not medically necessary.