

<b>Case Number:</b>	CM14-0127972		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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: Texas, Ohio, 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 applicant is a represented [REDACTED] accountant who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of March 8, 2011. In a Utilization Review Report dated August 12, 2014, the claims administrator approved a request for metformin, denied a request for Ativan, approved a request for Celexa, and denied a request for Salonpas patches. The claims administrator referenced progress notes and RFA forms of July 2, 2014, June 15, 2014, June 3, 2014, and May 16, 2014 in its determination. In a January 10, 2014 progress note, the applicant reported ongoing complaints of hand and wrist pain status post earlier carpal tunnel release surgery and de Quervain release surgery. The applicant also apparently had issues with reflex sympathetic dystrophy, it was stated. The applicant was placed off of work, on total temporary disability. There was no discussion of medication selection or medication efficacy. On February 12, 2014, the applicant presented reporting issues with carpal tunnel syndrome reportedly secondary to cumulative trauma. The applicant also had issues with diabetes and insomnia. The applicant's medication list included metformin, Celexa, Ambien, Norco, tramadol, and a dietary supplement. The applicant was given Salonpas patches. On June 25, 2014, the applicant reported persistent complaints of left hand and left foot tenderness. The applicant was having difficulty typing, brushing her hair, showering, and/or putting on clothes. The applicant was using Norco and Neurontin, both of which were renewed. On May 16, 2014, the applicant was, once again, placed off of work, on total temporary disability, via a handwritten progress note which contained no discussion of medication efficacy. The applicant was placed off of work, on total temporary disability. The

remainder of the file was surveyed. Many of the progress notes provided contained no explicit references to the applicant's medication list. There was no seeming mention of Ativan.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ativan 1mg Bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant's having overwhelming issues with panic attacks which would compel provision of Ativan. Indeed, as noted above, the bulk of the progress note, referenced above, did not clearly document or describe the applicant's medication list. There was no mention of Ativan's being employed in several progress notes on file. Therefore, the request is not medically necessary.

**Salonpas Patches #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Salicylate topicals Page(s): 7, 105.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Salonpas patches are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider did not clearly outline how (or if) ongoing usage of Salonpas patches have proven efficacious. The fact that the applicant remained off of work, on total temporary disability, continued to report pain complaints in the 7/10 range, continued to report difficulty gripping, grasping, handling, and continued to remain dependent on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Salonpas patches. Therefore, the request is not medically necessary.

