

Case Number:	CM15-0045960		
Date Assigned:	03/18/2015	Date of Injury:	01/11/2007
Decision Date:	04/20/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 58 year old female, who sustained an industrial injury on January 11, 2007. She has reported bilateral wrist and hand pain. Diagnoses have included bilateral carpal tunnel syndrome, bilateral long trigger finger, and depression. Treatment to date has included medications, physical therapy, home exercise, splinting, injections, and activity modifications. A progress note dated February 24, 2015 indicates a chief complaint of bilateral wrist pain and numbness, and stiffness of the right middle finger. The treating physician documented a plan of care that included follow up in six weeks, additional counseling, medications, and appeal of denied surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: The patient is a 58 year old female with an injury on 01/11/2007. She has bilateral hand and wrist pain from bilateral carpal tunnel syndrome. MTUS guidelines note that benzodiazepines are not recommended. They are not recommended because there are other muscle relaxants that are not a controlled substance, scheduled drug that is addicting. Also, long term treatment with muscle relaxants can decrease mental and physical function.