

<b>Case Number:</b>	CM14-0180441		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/11/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Practice 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:

The 58 years old female claimant sustained a work injury on 1/11/07 involving the wrists. She was diagnosed with bilateral carpal tunnel and Guyon's tunnel syndrome. A progress note on 10/14/14 indicated the claimant had tenderness in the wrists, painful long finger with palpation, locking of the right ring finger and tenderness in the carpal tunnel tendons. The claimant was given Ativan and Norco. The claimant had been on Ativan for the prior month. Indication for use was not specified. A request was also made for 6 visits of physical therapy for carpal tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #60:** 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:** According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the indication for

Ativan was not specified. The claimant had already taken 1 month of Ativan. The continued use of Ativan is not medically necessary.

**Physical therapy Quantity: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the ODG guidelines, 1-3 visits over 3-5 weeks are recommended for carpal tunnel syndrome. The request above exceeds the amount recommended by the guidelines and is not medically necessary.