

<b>Case Number:</b>	CM14-0211810		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal 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 employee was a 52 year old female who sustained an industrial injury on 11/27/12. The progress note from 10/22/14 showed pain in left wrist that was worse with cold weather. She also had left knee pain. On examination she was found to have tenderness along the left wrist CMC and first extensor. She had mild tenderness along carpal tunnel with negative Tinel at the wrist. Diagnoses included carpal tunnel syndrome bilaterally status post decompression, stenosing tenosynovitis along with long finger on the right status post release. The plan of care included Ativan for muscle spasms.

### 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): 66, 24.

**Decision rationale:** The employee was a 52 year old female who sustained an industrial injury on 11/27/12. The progress note from 10/22/14 showed pain in left wrist that was worse with cold weather. She also had left knee pain. On examination she was found to have tenderness along the left wrist CMC and first extensor. She had mild tenderness along carpal tunnel with negative Tinel at the wrist. Diagnoses included carpal tunnel syndrome bilaterally status post decompression, stenosing tenosynovitis along with long finger on the right status post release. The plan of care included Ativan for muscle spasms. According to MTUS, Chronic Pain Medical Treatment guidelines, Benzodiazepines are 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The employee had chronic pain due to left wrist tenosynovitis. She had no documented spasms. But long term use of benzodiazepines is not endorsed by the guidelines. Hence the request for Ativan is not medically necessary or appropriate.