

<b>Case Number:</b>	CM13-0016960		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 claimant is a 37 year old male who sustained a work related injury on 10/14/2009. He was injured when he fell and was crushed between a metal platform and a printing press. He knocked his head forward and twisted his shoulder. His diagnoses include cervical strain with radicular symptoms, headaches, left shoulder impingement, depression, and anxiety. On exam he has tenderness from C3-to C4 to the left of midline, tenderness over the left trapezius and a positive impingement sign on the left. He has been treated with medical therapy, surgery- s/p left shoulder arthroscopy with debridement of a labral tear, home exercise program and activity modification. The treating provider has requested Valium, Diclofenac, Norco, and Norflex

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective medication: Valium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 46, 79-81, 63. Decision based on Non-MTUS Citation ODG (Pain Chapter)

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

**Decision rationale:** Diazepam is a benzodiazepine drug having anxiolytic, anticonvulsant, muscle relaxant, sedative, and hypnotic properties. The medication is used in conjunction with

antidepressants for the treatment of depression with anxiety. There is no documentation provided indicating the medication is being used for the treatment of the claimant's anxiety. The medication is being used specifically for the treatment of chronic pain. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Medical necessity for the requested medication, Diazepam has been established. The requested treatment is not medically necessary.

**Retrospective medication: Diclofenac:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** The review of the medical documentation indicates the patient requires Diclofenac therapy for his chronic pain condition. NSAIDs such as Diclofenac are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic low back pain. Because the patient has had chronic neck and shoulder pain, medical necessity is established for Ibuprofen at this time. The requested treatment is medically necessary.