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| Case Number: | CM13-0029960 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 02/25/1998 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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 Occupational Medicine, 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 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 patient is a 49-year-old female the date of injury of February 25, 1998.on 8/26/13 the patient reports experiencing nine out of 10 pain, while under emotional distress. The patient and [REDACTED] the cane because of her pain. The patient reports a 50 to 60% improvement in function and is in the travel, take care of her mother, do crafts which repairs time, and to bring light housework with the rest breaks. Patient has a history of fibromyalgia, diabetes and tachycardia. The patient is on buprenorphine, valium BID pain and zanaflex. PTP indicates the patient has been on valium for several months. There is no muscle spasm on physical exam as of 9/13/13. There is no discussion of the use and benefit of valium specifically in the current notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Valium between 08/26/2013 and 11/17/2013: Upheld

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

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

Decision rationale: The patient is a 49-year-old female the date of injury of February 25, 1998.on 8/26/13 the patient reports experiencing nine out of 10 pain, while under emotional

distress. The patient and [REDACTED] the cane because of her pain. The patient reports a 50 to 60% improvement in function and is in the travel, take care of her mother, do crafts which repairs time, and to bring light housework with the rest breaks. Patient has a history of fibromyalgia, diabetes and tachycardia. The patient is on buprenorphine, valium BID pain and zanaflex. PTP indicates the patient has been on valium for several months. There is no muscle spasm on physical exam as of 9/13/13. There is no discussion of the use and benefit of valium specifically in the current notes.