

Case Number:	CM13-0052436		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2010
Decision Date:	03/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Management and is licensed to practice in Florida. 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 51 year old female who reported injury on 07/22/2010. The mechanism of injury was not provided. The patient was noted to undergo a right rotator cuff repair on 05/30/2013. The clinical documentation indicated that the patient was taking Valium; however, per the note dated 08/30/2013 the patient was noted to have not taken Valium in 3 days. The patient's diagnosis was noted to be cervical spinal stenosis and the request was made for Valium 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Clinical documentation submitted for review failed to provide the patient had objective functional improvement with the medication and there was a lack of documentation indicating the duration the patient had taken the medication. There was a lack of

documentation indicating the patient had a necessity for chronic benzodiazepines as the patient was noted not to have used it in the three days prior to the office visit. Given the above, the request for Valium 10 mg #30 is not medically necessary.