

Case Number:	CM14-0004321		
Date Assigned:	02/05/2014	Date of Injury:	09/20/2005
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 in Physical Medicine and Rehabilitation 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 injured worker is a 42 year old female with an injury reported on 09/20/2005. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/07/2014, reported that the injured worker reported her valium was not approved. It was reported that the injured worker utilized valium at night and during the day as needed to keep her left arm from spasming and posturing. The physical examination findings reported that the injured worker utilized a brace to her left wrist, and was noted to have decreased range of motion to her fingers. The injured worker's diagnoses included status-post gastric bypass, left upper extremity dystonia, myofascial spasms. The request for authorization was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: URINE DRUG SCREEN (DOS: 11/13/13) QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for retrospective urine drug screen (DOS: 11/13/2013) quantity 1 is non-certified. The injured worker reported her valium was not approved. It was reported that the injured worker utilized valium at night and during the day as needed to keep her left arm from spasming and posturing. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines recommend the use of drug screening with issues of abuse, addiction, or poor pain control. The rationale for the urine drug screen is unclear. It was unclear if the injured worker was at risk for medications misuse or displayed aberrant behaviors. Additionally, it was unclear when the injured worker last underwent urine drug screening. Thus, the drug test would be medically unnecessary. Hence, the request is non-certified.

VALIUM 5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

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

Decision rationale: The request for valium 5mg # 60 is non-certified. The injured worker reported her valium was not approved. It was reported that the injured worker utilized valium at night and during the day as needed to keep her left arm from spasming and posturing. The California MTUS guidelines note 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. There is a lack of clinical information indicating the longevity of the injured workers utilization of valium as the guidelines do not recommend for long-term usage. Additionally, the efficacy of the medication was unclear within the provided documentation. Thus, the request is not medically necessary and appropriate.