

<b>Case Number:</b>	CM14-0005083		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine 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 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 50-year-old male who reported an injury on 05/29/2012 due to a fall. The injured worker's diagnosis was left and right shoulder impingement syndrome, left shoulder sprain, right and left elbow sprain and strain, left lateral epicondylitis, left carpal tunnel syndrome, right carpal tunnel syndrome, right wrist sprain/strain, left wrist sprain/strain, and sleep disturbances. Past treatments include acupuncture and medication therapy. Prior diagnostics included an MRI of the left shoulder, x-ray of the left wrist, x-ray of the left shoulder, and MRI of the wrist. Surgical history includes an open repair of a right inguinal hernia. The injured worker complained of severe, sharp, stabbing, burning, to the right and left shoulder, right and left elbow, and right and left wrist. On physical examination dated 01/10/2014, there was tenderness to palpation of the lateral shoulder, there was muscle spasms of the lateral shoulder, no bruising or swelling to the right shoulder or lesions and there was pain to left and right shoulder, left and right elbow, left and right wrist. Range of motion in all areas mentioned were decreased due to pain. The injured worker's medications were Norco 10/325, Valium 10 mg, and Naprosyn 550 mg. The treatment plan was for continued use of medication as prescribed and the request for Valium 10 mg #60. The rationale for the request was not provided with review. The authorization for request form dated 12/02/2013 was submitted for documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #60:** Upheld

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

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

**Decision rationale:** The request for Valium 10 mg #60 is not medically necessary. According to the California MTUS 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 for up to 4 weeks. The range of actions includes sedative hypnotic effects, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker continued to complain of pain on range of motion, and bruising, sharp pains, stabbing, throbbing, severe and sharp, to bilateral shoulders, elbows, and wrists. The injured worker has been utilizing the medication since 07/2013. There was a lack of documentation within the medical records indicating efficacy of the medication as evidenced by significant functional improvement. The length of time the injured worker has been taking the medication exceeds guideline recommendation. The frequency of the medication was not provided in the request as submitted. As such, the request for Valium 10 mg #60 is not medically necessary.