

Case Number:	CM14-0006764		
Date Assigned:	02/07/2014	Date of Injury:	11/09/2011
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53-year-old female who injured her right shoulder on 11/9/2011. She was diagnosed with right shoulder rotator cuff syndrome, right shoulder biceps rupture, and right shoulder acromioclavicular (AC) joint arthritis, all of which have been causing her chronic right shoulder pain with numbness in the 3rd, 4th, and 5th fingers on the right since the injury. She was prescribed by her treating physician surgery, opioids, Valium, home exercise, physical therapy, muscle relaxants, and non-steroidal anti-inflammatory drugs (NSAIDs), which collectively seemed to help significantly with the worker's pain, according to the notes provided, suggesting a pain level of 1/10 with the medications compared to a 8-9/10 without (according to the progress note from 12/6/2013). The worker, according to the notes provided, had reported depression and insomnia in the review of systems. Valium was first prescribed by her treating physician on 7/18/2013, which was to help her muscle spasm and sleep. The addictive nature of this medication was discussed with the patient at this time, as documented in the progress note provided from that date. In the following office visit on 8/23/2013, the worker reported that she felt as though her medications, including Norco and Valium, help with her pain. She has continued Valium since then.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- BENZODIAZEPINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: The Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The guidelines suggests that up to four (4) weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. Documentation of pain and functional improvements with its use is required for the consideration of continuation, in exceptional cases. In the case of this worker, Valium was prescribed for its muscle relaxant and sedative properties, but was used for months as part of the oral medication regimen to treat her chronic pain. No documentation was seen in the notes provided specifying any functional improvement related specifically to this medication being used, and no explanation of extraordinary circumstances were provided to the reviewer that might justify its long term use in this case. Therefore, the Valium 5mg #60 is not medically necessary.