

Case Number:	CM14-0101181		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2008
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/01/2014

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 54 year old male who was reportedly injured on 09/12/2008 to his right shoulder during the course of his usual and customary work as a grounds man. The prior treatments included physical therapy, acupuncture, transcutaneous electrical nerve stimulation trial, ice, heat, multiple steroid injections into the right shoulder and a home exercise program. Conservative treatment with no significant improvement-right shoulder surgery and scope, subacromial decompression, debridement, physical therapy for rotator cuff tear in 08/2011, lidoderm, Naprosyn, Norco, OxyContin, Robaxin, docusate sodium, Prilsoec, Lopressor hydrochlorothiazide and Lisinopril hydrochlorothiazide. A right shoulder magnetic resonance image dated 02/14/2013 revealed diffuse rotator cuff tendinosis with high-grade partial articular surface disruption and fraying of the supraspinatus and infraspinatus tendons. There was a small focus of transmural disruption. Non visualization of intra-articular long head biceps tendon was suspicious for complete disruption and retraction. There was blunting and degeneration of the superior labrum and mild to moderate acromioclavicular joint arthrosis with degenerative spurring at the distal clavicle. A request was made for valium 10mg in the pre-authorization process and was not certified on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

valium 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective 18, 2009 Benzodiazepines) Page(s): 24 of 127.

Decision rationale: According to the 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 to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records do not reveal a clinical rationale that establishes Valium to be appropriate nor medically necessary.