

Case Number:	CM14-0169507		
Date Assigned:	10/17/2014	Date of Injury:	05/29/2013
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 Preventive Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 57 year old male employee with date of injury of 5/29/13. A review of the medical records indicates that the patient is undergoing treatment for Adhesive Capsulitis of Shoulder and Other Affections Shoulder Region NEC. He is s/p left shoulder arthroscopy and corrections dated 6/24/14. He is also s/p left thumb suspension arthroplasty and left ulnar nerve release at the elbow (11/7/13) and s/p left ulnar nerve release and left carpal tunnel release. Subjective complaints include left wrist pain with occasional tingling and numbness in small and ring fingers. Pain radiates from ulnar aspect of wrist; no catching or locking; loss of strength; numbness along the forearm. Objective findings include physical exam revealing stable thumb basilar joint; negative grind test; stable MP joint; negative Finkelstein's Test; tenderness to palpation along dorsocentral wrist; painful wrist dorsiflexion; mild discomfort to palpation of the ulnocarpal joint; tenderness to palpation of the TFCC; ulnar nerve is mildly tender; Tinel's sign negative along posterior and medial elbow. Treatment has included physical therapy, HEP, Kenalog/Marcaine injection, cortisone injection. Medications have included fish oil, multivitamin tabs, Advil, Naproxen, Norco and Sonata. The utilization review dated 9/23/2014 non-certified the request for Retro Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Valium: 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 Benzodiazepines Page(s): 24.

Decision rationale: Valium is a benzodiazepine. MTUS states, "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." A physical exam from Sept 2014 requested Valium for the patient's claustrophobia. However, no diagnosis of claustrophobia is mentioned in the medical files. The patient is also taking another hypnotic for sleep Sonesta. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Retro Valium is not medically necessary.