

Case Number:	CM14-0021261		
Date Assigned:	05/07/2014	Date of Injury:	07/26/2007
Decision Date:	07/09/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/20/2014

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 has a subspecialty in Nutrition/Lifestyle 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 65 year old male who injured his right wrist on 7/26/07. He was later diagnosed with enthesopathy of the wrist, wrist pain, and chronic pain syndrome following his injury. Over the years he had been treated with multiple surgeries on his wrist, Stellate ganglion blocks, oral medications including opioids, Lyrica, Valium, Butrans patch, as well as a wrist brace, and home exercises. He completed an EMG on 8/28/13 which was reportedly unremarkable. On 2/4/14, the worker was seen by his secondary treating physician complaining of right wrist pain, rated at an 8/10 pain level and described it as shooting, deep, and worse with activity. He reported taking Percocel, Lyrica, Butran patches daily and Valium as needed. Examination revealed decreased and painful range of motion. He was then prescribed refills for all of his medications, including the Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG, #16: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain 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 MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. The worker in this case had been using Valium as needed since at least 2/28/13 according to the notes provided, which would be considered chronic use. Also, no documentation in the progress notes provided leading up to the request displayed any evidence of any functional improvement or pain relief directly related to this medication for consideration of an exception. Therefore, the request for Valium 10mg, #16 is not medically necessary.