

Case Number:	CM14-0033846		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2007
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery 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 65-year-old male injured on July 26, 2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 22, 2014 indicated that there were ongoing complaints of right wrist pain. The physical examination demonstrated a well healed, dorsal longitudinal scar over the right wrist. There was mild, dorsal prominence of the right distal ulna versus the left. There were significant crepitation and enhanced motion, with manipulation of the distal ulna, on the radial side. There was tenderness over the carpal tunnel with a positive Phalen's and Tinel's signs. Diagnostic imaging studies included nerve conduction studies of the right upper extremity revealing mild cubital tunnel syndrome. X-rays, taken in December 2013, revealed radiocarpal fusion of the right wrist with significant changes in the ulnar head and distal radioulnar joint with subchondral sclerosis. Previous treatment included urine drug screens, narcotics, bracing, Lyrica, Butrans and multiple surgeries. A request had been made for Valium 10 mg #16 and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10 MG, #16: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines do not support the use of benzodiazepines such as Valium for long term use because of long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to four weeks. There was not enough clinical documentation as to why the patient was taking Valium. If it is for anxiolytic purposes, it is not the first line of treatment. This medication should not be stopped abruptly, and the medication should be weaned. This medication is not medically necessary.