

Case Number:	CM14-0038096		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2007
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Washington. 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 who reported an injury on 7/26/07. The diagnosis included enthesopathy of the wrist, chronic pain syndrome, and osteoarthritis of the forearm. The documentation of 2/4/14 revealed the injured worker had complaints of right wrist pain that was constant. The documentation indicated the injured worker was utilizing Valium as needed.

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 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine for chronic pain.

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than three weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review failed to provide the duration of use. However, the documentation indicated this medication was for a refill. As such, this request would not be supported. The request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.