

Case Number:	CM14-0044489		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2005
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 54 year-old with a date of injury of October 12, 2005. A progress report associated with the request for services, dated February 21, 2014, identified subjective complaints of head, neck, and back pain. Objective findings included tenderness to palpation with decreased range-of-motion of the right shoulder. Diagnoses included previous rotator cuff repair with reflex sympathetic dystrophy (RSD) of the extremity. Treatment has included oral analgesics, anti-seizure agents, and muscle relaxants. A Utilization Review determination was rendered on March 3, 2014 recommending non-certification of "Valium 10 mg quantity 10 and Esgic 50 mg 325 mg 40 mg quantity 120".

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 MG Quantity 10: Upheld

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

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

Decision rationale: Diazepam (Valium) is a benzodiazepine anxiolytic. The California MTUS Guidelines state that 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. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, there is documentation of longer-term use. Therefore, the record lacks documentation for the medical necessity of diazepam (Valium).

Esgic 50 MG 325 mg 40 MG Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents Page(s): 23.

Decision rationale: Esgic is a combination of acetaminophen, caffeine, and Butalbital. The California MTUS Guideline states that barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. There is no evidence that the barbiturate constituents of BCAs enhance their analgesic efficacy. Also, there is a high potential for drug dependence with these agents. Therefore, the medical record does not document the medical necessity for Esgic.