

Case Number:	CM14-0189663		
Date Assigned:	11/20/2014	Date of Injury:	04/04/2011
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine, 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:

Injured worker is a female with date of injury 4/4/2011. Per orthopedic consultation report dated 5/28/2014, the injured worker complains of constant moderate severe pain in her left shoulder, numbness in her left arm, pain in the back of the neck and shooting pain and numbness in her fingers. She had previously underwent left shoulder arthroscopy in 2012 for subacromial decompression along with distal clavicle resection and debridement and capsulectomy. She has not done well postoperatively and she feels that her pain has worsened. She is being treated with Gabapentin, Tramadol and Diazepam. Examination of the cervical spine reveals significant stiffness and loss of motion. She cannot rotate her neck laterally beyond 10-15 degrees bilaterally. She has significant positive Spurling maneuver bilaterally with reproduction of pain in the interscapular region and significant discomfort about the left upper extremity. Reflexes are 2+ and symmetrical. Left shoulder examination is severely guarded. She has global pain pattern and does not allow range of motion of her shoulder. She is moderately tender to palpation to the acromioclavicular joint. She does allow forward flexion beyond 20 degrees abduction beyond 40 degrees and external rotation beyond 40 degrees. She has a sensation of numbness about the lateral brachium. Diagnoses include 1) moderate to severe cervical degenerative disk disease with evidence of left sided C4, C5, C6 radiculopathy 2) status post left shoulder surgery 2012. On 8/21/2014 the injured worker underwent a cervical diagnostic facet joint medial branch block at three levels with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg 1 tab p.o. b.i.d. p.r.n #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Diazepam 5mg 1 tab p.o. b.i.d. p.r.n #60 with one refill is determined to not be medically necessary.