MAXIMUS Federal Services

Case Number:	CM14-0192878		
Date Assigned:	11/26/2014	Date of Injury:	09/29/2011
Decision Date:	01/13/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker's original date of injury was September 29, 2011. However, it is noted that the utilization review determination on date of service October 30, 2014 at documented the industrial injury date as February 21, 2013. It is possible that the injured worker has multiple claims, although a review of the submitted records does not indicate this. The industrial diagnoses include chronic shoulder pain, partial thickness rotator cuff tear, acromioclavicular joint arthrosis, muscle spasm, and chronic pain. The most relevant progress note available for review is from date of service October 11, 2014. The treatment section of this particular note indicates that the Valium is prescribed to address muscle spasm. The disputed issue in this case is for Vallium, which was noncertified in a utilization review determination dated October 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 OF 127.

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, it appears that this is the initial request for a benzodiazepine to address spasm. This was first request on 10/11/13. Prior progress notes from 9/1014, 8/13/14 and previously do not indicate that a benzodiazepine had been tried. The physical exam associated with this request does not document any obvious spasm on examination. Therefore, this request is not medically necessary.