

Case Number:	CM14-0194861		
Date Assigned:	12/02/2014	Date of Injury:	03/24/2005
Decision Date:	01/30/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 54-year-old male with a 3/24/05 date of injury, due to repetitive work. The patient underwent a right shoulder surgery on 5/12/09. The progress notes indicated that the patient was utilizing Valium at least from 8/27/14. The patient was seen on 11/4/14 with complaints of 8/10 pain in the right shoulder, pain about the right elbow with numbness and radiation into the right little and ring fingers. Exam findings of the right shoulder revealed tenderness over the anterior aspect as well as over the distal clavicle with decreased range of motion. The examination of the right elbow revealed hypersensitivity to light touch over the medial aspect. The progress note stated that Valium improved the patient's sleep. The diagnosis is right shoulder rotator cuff repair and distal clavicle resection, right ulnar nerve transfer times two, and right carpal tunnel release. Treatment to date: right shoulder surgery, work restriction, PT, and medications. An adverse determination was received on 11/17/14 given that Valium was not recommended for long-term use and that the patient was using it with combination of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The progress notes indicated that the patient was utilizing Valium at least from 8/27/14. However, there is a lack of documentation indicating subjective improvements in the patient's sleep from prior use. In addition, it is not clear if the patient tried and failed other medications for insomnia. Lastly, there is no discussion with regards to the patient's sleep hygiene and there is no rationale indicating the necessity for an extended treatment with Valium, despite of Guidelines non-recommendation. Therefore, the request for Valium 10mg #30 was not medically necessary.