

Case Number:	CM14-0206971		
Date Assigned:	12/18/2014	Date of Injury:	04/05/2012
Decision Date:	02/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 04/05/2012. The initial injury occurred when she reached out with the right arm to catch a young child. This patient receives treatment for chronic left shoulder and elbow pain accompanied with burning, tingling, and numbness. The patient complains about recurring muscle spasms. The patient is opioid dependent. The patient received physical therapy and acupuncture. Surgical history includes cervical spine fusion. Other medical diagnoses include L shoulder strain, left elbow neuritis, left shoulder tendinosis, and AC joint osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg Qty 30: Upheld

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

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

Decision rationale: This patient has shoulder pain and muscle spasms for over 2 years. Diazepam is a benzodiazepine, which is not recommended for long-term use, because clinical studies do not show efficacy and there is a risk of drug dependence. There is an additional problem, the development of drug tolerance. Diazepam is not medically indicated.