

Case Number:	CM15-0163500		
Date Assigned:	08/31/2015	Date of Injury:	07/28/2014
Decision Date:	09/30/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 55-year-old male, who sustained an industrial injury on July 28, 2014, incurring right shoulder and low back injuries after lifting heavy boxes. He was diagnosed with rotator cuff syndrome, thoracic disc disease, and lumbar degenerative disc disease. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, physical therapy, chiropractic sessions, steroid injections, shoulder immobilizer, surgical interventions and activity modification. Currently, the injured worker complained of persistent low back pain and right shoulder pain. He noted increased low back spasms interfering with activities of daily living. The treatment plan that was requested for authorization included a prescription for Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in July 2014 and underwent revision right shoulder surgery on 07/09/15 with an arthroscopic subacromial decompression and labral repair. When seen, he was concerned about his low back and left shoulder. He was having persistent shoulder pain and persistent low back pain with spasms. Physical examination findings included bilateral shoulder pain. There was lumbar paraspinal muscle tenderness, facet joint tenderness, and pain with facet loading. Medications were prescribed including Valium for anxiety. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it was being prescribed for at least 30 days. A more appropriate treatment for an anxiety disorder would be an antidepressant. Valium was not medically necessary.