

Case Number:	CM15-0184012		
Date Assigned:	09/24/2015	Date of Injury:	01/05/2011
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 53 year old male with a date of injury on 1-5-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and shoulder pain. On 7-22-15 he reports continued complaints of intermittent right shoulder pain with radiation of pain and numbness down the right arm to the hand. He reports severe neck pain, he continues to work, his medication has been denied and he inquired about another form of treatment to relieve his symptoms while he awaits surgery. Current medications include: meloxicam, amitriptyline, celebrex and Vicodin. Upon exam, he has limited cervical range of motion with positive spurling's. Cervical MRI dated 9-8-14 reveals multilevel degenerative changes with active degenerative disc disease and joint arthrosis causing severe bilateral neural foraminal narrowing at C6-7 and there is some moderate to severe right neural foraminal narrowing at C3-4. Treatments have included: medication, physical therapy, injections and right shoulder surgery. His right shoulder has limited range of motion, persistent crepitus in the subacromial space and no weakness. Right wrist has minor atrophy. The plan of care includes: massage therapy 8 visits and he continues to work despite the pain. Request for authorization dated 7-22-15 was made for Valium 5 mg 1-2 at bedtime. Utilization review dated 9-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/8/2015) Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant sustained a work injury in January 2011 and is being treated for chronic neck and shoulder pain. When seen, he was having increased right trapezius and posterolateral pain and was having intermittent numbness and pain into the right arm. Physical examination findings included a body mass index of nearly 42. There was decreased cervical spine range of motion. There was limited shoulder range of motion with crepitus and guarding. There was positive Tinel's and Phalen's testing. Valium was prescribed. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, there was no indication for prescribing this medication. There were no muscle spasms or description of anxiety. The request is not medically necessary.