

<b>Case Number:</b>	CM15-0193717		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	12/06/2002
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California, North Carolina  
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:

The injured worker is a 53 year old male, who sustained an industrial injury on 12-6-02. The injured worker was diagnosed as having left shoulder impingement syndrome, right shoulder impingement syndrome, discogenic cervical condition with radicular component, discogenic lumbar condition, left cubital tunnel syndrome, hernia condition, headaches, and depression. Treatment to date has included a left ulnar nerve release, epidural facet injection, C6-7 fusion in 2004, right shoulder decompression, and medication including Valium, Protonix, and Trazodone. The injured worker had been taking Valium since at least October 2011. On 9-14-15 physical exam findings included tenderness along the left shoulder rotator cuff and biceps tendon. Tenderness was noted along the cervical paraspinal muscles with pain along the facets. On 9-14-15, the injured worker complained of left shoulder and low back pain. Anxiety was also noted. On 9-14-15 the treating physician requested authorization for Valium 10mg #60 and Celebrex 200mg #60. On 9-28-15 the request for Valium was modified to certify a quantity of 45. Celebrex was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Benzodiazepines (2015).

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

**Decision rationale:** The claimant is a 53 year old male with date of injury of 12/6/2002 who complains of chronic pain. The request is for Valium 10 mg, presumably for treatment of anxiety. CA MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Use is not recommended for greater than four weeks. This patient has been prescribed Valium since 2011, far exceeding the guideline recommendations, without evidence of overall improvement. Benzodiazepines are also a major cause of drug overdose, especially when prescribed concurrently with opioids. Therefore, based upon the above findings, the request is not medically necessary or appropriate.

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Celebrex is an NSAID recommended for inflammatory pain. It is recommended at the lowest dose for the shortest period of time. Long-term use carries the risk of cardiovascular and GI side effects. In this case, the patient has continued symptoms despite the use of Celebrex. There is also no evidence of functional improvement with the use of Celebrex. In addition, the patient complains of GI side effects, which occur commonly with NSAIDs. Therefore the request for Celebrex is not medically necessary or appropriate.