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| Case Number: | CM15-0203960 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 09/28/2011 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

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: Maryland

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

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 52 year old female who sustained an industrial injury September 28, 2011. Past history included status post left carpal tunnel release, left thumb injection April 30, 2015, left rotator cuff SLAP repair, and polio (uses crutches to ambulate). Diagnoses are left carpal tunnel syndrome; left thumb carpal metacarpal degenerative joint disease. According to a treating physician's office notes dated July 27, 2015, the injured worker presented as a 3 month follow-up to surgery, reporting she is doing well and has had excellent relief of symptoms and no further complaints of hand numbness. Physical exam revealed; incision well healed, full finger and wrist range of motion, no tenderness, good strength of the thenar muscles and sensation grossly intact. At issue, is a request for authorization for Valium (since at least June 17, 2014) 5mg Quantity; 60. According to utilization review dated September 18, 2015, the request for Valium 5mg per 09-10-2015 order Quantity: 60 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg QTY: 60: Upheld

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

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

Decision rationale: Valium 5mg QTY: 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Valium already (since at least June of 2014) and the documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Valium is not medically necessary.