

Case Number:	CM15-0020818		
Date Assigned:	02/10/2015	Date of Injury:	07/02/2009
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female who sustained an industrial injury on July 2, 2009. There was no mechanism of injury documented. The injured worker is status post right shoulder surgery (no date or procedure documented). According to the primary treating physician's progress report on December 3, 2014, the injured worker had a sudden onset of right sharp shoulder pain and right sided neck pain. On evaluation right shoulder spasm with posterior mid-scapular and right neck tenderness was noted. The injured worker was diagnosed with adhesive capsulitis of the right shoulder and cervicgia. Current medications include Cymbalta, Norco, Tramadol, Valium and topical analgesics. Current treatment modalities consist of shoulder support, continuation of home exercises and medication. The treating physician requested authorization for Valium 5mg 1 tablet every evening #21 with one refill for spasm and sleep and Tramadol 50mg one tablet twice daily with one refill. On January 22, 2015 the Utilization Review denied certification for Valium 5mg 1 tablet every evening #21 with one refill. On January 22, 2015 the Utilization Review modified the request for Tramadol 50mg one tablet twice daily with one refill to Tramadol 50mg one tablet twice daily with no refill. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg 1 tablet orally every evening #21 with one refill: Upheld

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

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

Decision rationale: This patient presents with sudden severe right shoulder pain. The current request is for VALIUM 5MG 1 TABLET ORALLY EVERY EVENING #21 WITH ONE REFILL. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit 4 weeks."This is an initial request for Valium. The treater states that Valium is "to help her relax and rest at night from her pain." MTUS Guidelines recommend maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The request is for #21 with one refill. Given that this medication has been prescribed for long-term use, recommendation cannot be provided. The requested valium IS NOT medically necessary.