

Case Number:	CM15-0023317		
Date Assigned:	02/12/2015	Date of Injury:	11/26/2004
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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 52 year old female, who sustained an industrial injury on November 26, 2004. She has reported a pop in her right shoulder while lifting trays. The diagnoses have included rotator cuff syndrome and myalgia and myositis. Treatment to date has included surgery, epidural steroid injections, physical therapy and medications. Currently, the injured worker complains of right shoulder pain and spasticity. She rated her pain level as a 5 on a 1-10 pain scale with medications. She was treating the pain with medical marijuana and found it to not be very effective. On January 26, 2015 Utilization Review non-certified Diazepam 10mg #30, noting the CA MTUS Guidelines. On February 6, 2015, the injured worker submitted an application for Independent Medical Review for review of Diazepam 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): p24.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for chronic shoulder pain following surgery. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the continued prescribing of Valium was not medically necessary.