

Case Number:	CM15-0026170		
Date Assigned:	02/18/2015	Date of Injury:	03/15/2011
Decision Date:	04/21/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 50-year-old female, who sustained an industrial injury on 03/15/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include other tenosynovitis of the hand and wrist, carpal tunnel syndrome, lateral epicondylitis to the elbow region, and neuralgia neuritis and radiculitis unspecified. Treatment to date has included motorized wheelchair, medication regimen, and laboratory studies. In a progress note dated 01/12/2015 the treating provider reports upper extremity pain and worsening neuropathic pain to the bilateral lower extremities with associated symptoms of increasing weakness and falls. The injured worker rates the pain a six out of ten with medication and a ten out of ten without medication. The treating physician noted that the injured worker was on the medication Valium, but did not indicate the reason for requesting this medication. On 01/30/2015 Utilization Review non-certified, the requested treatment of Valium 10mg three times a day for a quantity of 90, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 MG TID #90: Upheld

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

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

Decision rationale: According to guidelines, benzodiazepines is not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. Based on these guidelines Diazepam is not medically necessary.