

Case Number:	CM15-0031013		
Date Assigned:	02/24/2015	Date of Injury:	01/11/2014
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 49 year old female, who sustained an industrial injury on January 11, 2014. She has reported injury to the right arm and right shoulder area. The diagnoses have included right shoulder impingement with partial thickness rotator cuff tear. Treatment to date has included diagnostic studies, shoulder arthroscopy, physical therapy and medication. On February 4, 2015, the injured worker complained of severe pain since her shoulder surgery. She was following the normal course of recovery with pain, stiffness and weakness. Notes stated she is doing better with her physical therapy and her Percocet medication helps with pain control. On February 13, 2015, Utilization Review non-certified Valium 5mg #25. ACOEM Shoulder Disorders was noted to be silent regarding this request and no citation was provided. On February 13, 2015, the injured worker submitted an application for Independent Medical Review for review of Valium 5mg #25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient is having insomnia related to pain. In fact, and based on the progress report dated February 4, 2014, the patient was status post right shoulder arthroscopy with normal course of recovery. It has been stated that the patient is doing better with her physical therapy and her Percocet medication helps with pain control. Therefore, the prescription of Valium (Diazepam) 5mg #25 is not medically necessary.