

<b>Case Number:</b>	CM15-0039252		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/01/1998
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida

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 60 year old female, who sustained a work/industrial injury on 9/1/98. She has reported initial symptoms of right elbow and arm pain. The injured worker was diagnosed as having right knee epicondylitis, right cubital tunnel syndrome, and upper reflex sympathetic dystrophy. Treatments to date included medication (Norco, Valium, and Soma), surgery, and diagnostics. Currently, the injured worker complains of right elbow and right upper limb sharp, stabbing pain, stiffness, weakness, numbness, and generalized discomfort. There was also hot, sharp, burning, electric discomfort at the right upper and right lower limbs involving the right hand/shoulder syndrome and right hip/foot distribution syndromes. The treating physician's report (PR-2) from 2/3/15 indicated there was reduced range of motion of the right elbow, reduced sensation and strength in the distribution of the right radial nerve at the right elbow and also the right common peroneal nerve at the right knee and below the knee, positive Tinel's sign at the lateral aspect of the right elbow and also at the lateral aspect of the right knee. Right hand/shoulder syndrome, stage II with a dystrophic hand, right hip/foot syndrome, stage II with a dystrophic right foot. Treatments included s/p surgery of right elbow with postoperative right radial tunnel syndrome, right cubital tunnel syndrome, complex regional pain disorder, anterior compartment syndrome. Plan was to reorder medication and perform a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg one 1 TID #90 x 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58, 100.

**Decision rationale:** In accordance with the California MTUS guidelines, 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." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Valium is not medically necessary.