

<b>Case Number:</b>	CM15-0053855		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on February 23, 2013. The injured worker was diagnosed as having left shoulder labral tear, status post left shoulder arthroscopy. Treatment to date has included pain medication and a left arm sling. On August 1, 2014, the injured worker complains of more left shoulder pain than expected. He is 2 days left shoulder postoperative. The physical exam revealed left shoulder selling in the sling and hand is neurovascularly intact. The dressing was changed and shoulder x-rays were performed. The treatment plan includes continuing pain medication from his primary treating physician, the return of unopened pain medication from the treating physician, strict immobilization of the left arm for 4 weeks, and a request for a home health aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30, DOS: 2/11/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section, Muscle Relaxants (for pain) Section Page(s): 24, 63-66.

**Decision rationale:** The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Benzodiazepines are not recommended for spasticity due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has not previously been on valium and a trial of 4 weeks is appropriate in this case for the injured workers anxiety. The request for Valium 5mg #30, DOS: 2/11/15 is determined to be medically appropriate.