

Case Number:	CM15-0055282		
Date Assigned:	05/13/2015	Date of Injury:	07/15/1998
Decision Date:	06/10/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old female, who sustained an industrial injury on 7/15/1998. Diagnoses have included chronic neck pain, ulnar neuropathy of elbow, carpal tunnel syndrome, chronic pain syndrome with depression and complex regional pain syndrome (CRPS). Treatment to date has included paraffin treatments and medication. According to the progress report dated 3/2/2015, the injured worker complained of neck/arm pain as well as right forearm/hand pain. She reported persistent grasping difficulty with bilateral hand numbness and weakness. The injured worker stated that Duexis, Motrin, Methadone, Voltaren gel and Vicodin helped with pain control. She stated that Topamax helped with pain/headaches but reported 11 migraines in the last month. Exam of the neck revealed bilateral, cervical paraspinal muscles and upper trapezius muscles. Authorization was requested for Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg #45: 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: This 45 year old female has complained of neck and elbow pain since date of injury 7/15/98. She has been treated with physical therapy and medications to include Valium since at least 06/2014. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.