

Case Number:	CM14-0096782		
Date Assigned:	07/28/2014	Date of Injury:	08/27/2011
Decision Date:	10/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who was reportedly injured on August 27, 2011. Previous treatment includes a carpal tunnel release and a right shoulder steroid injection. The most recent progress note dated June 12, 2014, indicates that there were ongoing complaints of right shoulder and right wrist pain. Current medications include lisinopril, loproressor, medical marijuana, Norco, Valium, and Compazine. The physical examination demonstrated tenderness of the right shoulder and the right wrist. There was decreased range of motion of the right shoulder, right wrist and lumbar spine. There was a positive Neer's test and Hawkins test on the right side. There were muscle spasms noted along the lumbar spine and negative nerve root tension signs. A lower extremity neurological examination was normal. Diagnostic imaging studies of the right shoulder revealed tendinosis. An MRI the right wrist revealed a possible TFCC tear. A request was made for diazepam and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #30: Upheld

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

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

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a second-line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The medical record reflects that this medication is being prescribed for long term use. Additionally, there is no recent documentation of improvement in functionality with the use of this medication. Considering this, the request for diazepam is not medically necessary.