

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0114020 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 01/24/2005 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

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 61 year old female injured worker suffered an industrial injury on 01/24/2005. The diagnoses included cervical discogenic pain, right shoulder impingement and overuse of both shoulders. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with medications. On 4/30/2015 the treating provider reported tenderness of the cervical spine with pain of the right and left shoulder along with positive impingement signs. The treatment plan included Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg quantity 30.00: 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 Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be

an antidepressant. This medication is being used in a chronic nature to assist with sleep. The request for Valium 5mg quantity 30.00 is not medically necessary.