

Case Number:	CM15-0179866		
Date Assigned:	09/21/2015	Date of Injury:	12/08/2004
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 12-8-2004. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include shoulder pain, myofascitis, cervicobrachial syndrome, and depression. Currently, she complained of being "depressed and upset that she had not gained access to proper medication". On 8-28-15, the physical examination documented the mood was "angry", diminished range of motion secondary to spasm of the left shoulder. The undated MRI was noted to show a SLAP type tear. The plan of care included a Cymbalta upward taper was underway. The appeal requested authorization for Diazepam 10mg, #30 with three refills for a total quantity of #120. The Utilization Review dated 9-4-15, modified the request to allow Diazepam 10mg #30 with no refills stating the request was not documented to be medically necessary at this time and cited the California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant has a remote history of a work injury in December 2004 and is being treated for chronic neck and bilateral shoulder pain with secondary depression. When seen, she was depressed and upset about medication denials. Physical examination findings included decreased range of motion with spasms and bilateral shoulder tenderness. There was acromioclavicular joint tenderness and trapezius muscle trigger points were present. Trigger point injection were and medications were requested. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.