

Case Number:	CM15-0029043		
Date Assigned:	02/23/2015	Date of Injury:	06/25/2008
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old male with an industrial injury dated 06/25/2008 due to a fall. His diagnoses include headaches with post-concussion syndrome, status post right shoulder incision and debridement, cervical spine myofascitis, thoracic spine myofascitis, and lumbar strain/sprain. Recent diagnostic testing has included a MRI of the lumbar spine (07/23/2014) showing annular fissure at L5-S1, disc desiccation at L3-S1, hemangioma at L2, straightening of the lumbar lordotic curvature, posterior disc herniation at L3-L4 and L4-L5, and diffuse disc herniation at L5-S1, and a MRI of the right elbow (09/25/2014) showing grade I sprain of the medial collateral ligament, tendinosis of the common flexor tendon, tendinosis of the triceps, and subchondral cyst in the anterior lateral aspect of the proximal ulna. Previous treatments have included conservative care, medications, right shoulder arthroscopy (06/12/2014), and physical therapy. In a progress note dated 01/06/2015, the treating physician reports right shoulder pain that was described as sharp and shooting into the neck, headaches with dizziness, and neck pain. The objective examination revealed tenderness to palpation of the right shoulder, right trapezius with spasms, pain with limited range of motion in the right shoulder and numbness in the right hand. The treating physician is requesting Valium 10mg #30 which was denied by the utilization review. On 01/16/2015, Utilization Review non-certified a prescription for Valium 10mg #30, noting the non-recommendation for long term use, and tolerance may lead to increased anxiety. The MTUS Guidelines were cited. On 02/17/2015, the injured worker submitted an application for IMR for review of Valium 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was provided Valium without validation in the clinical history or documentation for its intended use. It was likely used for the diagnosis of myositis which is not an indicated use. The Valium is not justified and not medically necessary.