

Case Number:	CM15-0063704		
Date Assigned:	04/09/2015	Date of Injury:	10/31/2011
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation

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 10/31/2011. She reported being unable to move her neck and left shoulder. Diagnoses have included chronic neck pain, thoracic outlet syndrome, left shoulder internal derangement and chronic pain syndrome. Treatment to date has included physical therapy, injections and medication. According to the progress report dated 3/24/2015, the injured worker complained of increased left shoulder, upper back and neck pain and right shoulder pain that impaired her sleep. She also complained of continued left leg/posterior knee pain. She reported that Valium helped with pain/sleep. She reported persistent upper chest pain and continued numbness/tingling of both hands and intermittently of the forearms. Physical exam revealed tightness/tenderness of the bilateral upper trapezius muscles. Authorization was requested for Vicodin, Valium and a consultation with a spine surgeon for neck issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med x 1 Valium 10gm A1/2 bid #30 Dispensed for Pain/Sleep: Upheld

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

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

Decision rationale: The patient presents with left shoulder, right shoulder, upper back, neck, left leg and knee pain. The physician is requesting Med X1 Valium 10 Mg 1/2 Bid Quantity 30 Dispensed For Pain/Sleep. The RFA dated 03/24/2015 shows a request for Valium 10 mg quantity 30. The patient's date of injury is from 10/31/2011 and she is currently temporarily totally disabled. The MTUS guidelines page 24 on benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The records show that the patient was prescribed Valium on 05/13/2014. The 03/24/2015 progress report notes, "Valium has helped with pain/sleep." While the patient reports benefit with Valium, long-term use is not supported by the guidelines. The request is not medically necessary.