

<b>Case Number:</b>	CM15-0074510		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 56 year old female, who sustained an industrial injury on July 7, 2010. She reported severe right shoulder pain. The injured worker was diagnosed as having status post cervical 4-5 and 6-7 surgical intervention, status post right shoulder cuff surgery times three and medication induced gastritis. Treatment to date has included status post-surgical interventions of the right shoulder and cervical spine, physical therapy, steroid injections, medications and work restrictions. Currently, the injured worker complains of severe, debilitating right shoulder pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 15, 2014, revealed continued pain as noted as well as frustration. A muscle relaxant was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 2 mg #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  
Benzodiazepines 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 has been on Valium for several months for sleep and pain. Long term use is not indicated. In addition, other drugs and behavioral modifications are more efficacious for sleep management as well as pain management. Continued and chronic use is not medically necessary.