

Case Number:	CM15-0078817		
Date Assigned:	04/30/2015	Date of Injury:	01/06/2014
Decision Date:	05/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 62-year-old male, who sustained an industrial injury on 01/06/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder rotator cuff tear with status post surgical repair, right shoulder partial rotator cuff tear, and lumbar spine disc protrusions at lumbar three to four and lumbar four to five with right-sided lumbar five radiculopathy. Treatment to date has included physical therapy, above noted procedures, and medication regimen. In a progress note dated 04/01/2015 the treating physician reports complaints of pain to the bilateral shoulders and low back radiating to the right lower extremity. The treating physician also notes tenderness and weakness to the rotator cuffs bilaterally and tenderness on palpation of the right low back along with pain with motion. The treating physician requested the medication of Valium 10mg with a quantity of 60 for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Valium 10mg #60 DOS: 4/1/2015: Upheld

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

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

Decision rationale: The patient is a 62-year-old male with an injury on 01/06/2014. He had shoulder surgery. He has bilateral shoulder pain and also has back pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not medically necessary.