

Case Number:	CM13-0025025		
Date Assigned:	11/20/2013	Date of Injury:	10/18/2011
Decision Date:	01/06/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Disease and is licensed to practice in California. 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 physician 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/services.

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 patient is a 36-year-old male who reported an injury on 10/18/2011 after a trip and fall down approximately 10 to 15 stairs. As a result, the patient complained of head, neck, and facial discomfort. The patient was treated with Norco, Flexeril, Tramadol, and "pemerin." The patient had ongoing chronic pain complaints and persistent headaches. The patient's diagnoses included ulnar impaction syndrome of the right wrist, discogenic lumbar condition with radiculopathy along the L2, discogenic cervical condition with nerve studies of the upper extremities not showing any radiculopathy, element of depression in sleep, element of headaches, and element of dizziness with negative MRI and ankle joint inflammation on the right. The patient's treatment plan included a MRI of the right ankle, a comprehensive metabolic blood panel, continued use of medications, and a prescription for trazodone to assist with sleep and control anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), second edition Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, and the Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Worke

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic pain and associated depression, insomnia, and elements of stress. The clinical documentation submitted for review does provide evidence that the patient already is being treated for these symptoms with trazodone. MTUS Chronic Pain Guidelines recommend that use of benzodiazepines be limited to 4 weeks. The patient is already being treated with medication for these symptoms of which the efficacy of that medication is not clearly established, it is not evident why an additional benzodiazepine would be needed for this patient. Additionally, MTUS Chronic Pain Guidelines only recommend the use of this medication for up to 4 weeks. The requested Valium 50 mg #60 exceeds this recommendation. There are no exceptional factors noted within the documentation to support the need to extend treatment beyond guideline recommendations. The request for Valium 50mg #60 is not medically necessary and appropriate.