

Case Number:	CM13-0068233		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2001
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Internal Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of February 6, 2001. Treatment to date has included cervical spine surgery (June 2007), physical therapy, home exercises and Valium. Utilization review from December 5, 2013 denied the request for Valium 5mg BID PRN because no exceptional factors for Valium use are noted in the documentation submitted. Medical records from 2012 to 2013 were reviewed, the latest of which dated November 14, 2013 which revealed that patient complained of low back pain radiating to the hip and posterior buttocks, left greater than right, and numbness in the leg; neck pain with radiation to trapezius and scapular area and to the anterior chest wall; upper back and shoulder pain; wrist and hand pain with numbness and tingling, especially of the fourth and fifth fingers more on the right than the left; depression; tongue pain, increasing numbness and tingling more to the left; cervical vertigo; difficulty swallowing; vision difficulty; weakness in the lower extremities and tinnitus with difficulty hearing. On physical examination, the patient's mood and affect were moderately depressed. Cervical spine revealed posterior midline surgical scar from the C6-T1 with moderate paracervical muscle spasms. Active range of motion of the cervical spine were decreased in all planes. Slight muscle spasm was noted in the paraspinal muscles, bilaterally upon palpation. Lumbar spine active range of motion was decreased in all planes. Straight leg raise was positive bilaterally at 70 degrees in sitting position causing posterior thigh and calf pain bilaterally. Wrist and hand demonstrated mild tenderness of the volar aspect of wrist. Shoulders were tender over the trapezius and upper shoulder. Active ranges of motion were all decreased in the bilateral shoulders. There was also medial elbow tenderness on the left. Sensation was decreased to light touch in the fourth and fifth digits of both hands. There was decreased sensation in the right lateral foot in the S1 dermatome. There was also decreased sensation on top

of the left foot in the L5 dermatome. Reflexes were diminished in the upper and lower extremities at \hat{A} ¹/₄. Romberg test was mildly positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24,66.

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

Decision rationale: Page 24 of the Chronic Pain Medical Treatment Guidelines state that Benzodiazepines are not recommended for long-term use because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. In this case, Valium was prescribed since December 2012 for muscle spasm. There was no documentation of relief of spasm and functional improvement with the medication. Also, the documented drug use has exceeded the recommended duration, therefore, the request for Valium 5mg twice a day as needed is not medically necessary