

Case Number:	CM14-0016152		
Date Assigned:	03/07/2014	Date of Injury:	03/12/2008
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/09/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in New York and Texas. 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 a 53 year-old female who is reported to have a date of injury of 03/12/2008. The patient is reported to have been struck in the right temple and neck by a closing door resulting in injuries. The patient is reported to have sustained injuries to three cervical discs. She is chronically treated for cervical pain graded 8-9/10. Records indicate comorbid psychiatric issues complicating treatment. Treatment has included oral medications, physical therapy, chiropractic treatment, and psychiatric counseling. The patient has chronically been provided the medication Valium 10 mg for pain and panic attacks. The most recent clinical note is dated 11/21/13. At this time the patient reports continued cervical pain graded as 9/10. The patient does not have any significant or sustained benefit from prior conservative measures. On examination the patient has reduced cervical range of motion; motor strength and sensation are grossly intact. There is exquisite tenderness with trigger points in bilateral trapezius and levator musculature. The patient was provided a prescription for Valium 5 mg QID #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS X 1 VALIUM 5MG QTY 90 1 MONTH SUPPLY: 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 California MTUS Chronic Pain Medical Treatment Guidelines do not recommend the long-term use of benzodiazepines. The long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The records do not provide a recent rationale with a specific necessity for ongoing use as well as documentation of efficacy to establish the medical necessity for continued use. The request for Valium 5 mg quantity 90, 1 month supply is not medically necessary and appropriate.