

Case Number:	CM14-0163641		
Date Assigned:	10/08/2014	Date of Injury:	07/21/2010
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 is licensed to practice in Maryland. 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 58 year old male who had a work injury dated 7/21/10. The diagnoses include cervical degenerative disc disease, cervical radiculitis, low back sprain/strain, myofascitis; history of knee pain and shoulder pain. Under consideration are requests for Valium 10mg #25 with 2 refills (1-2 PO QD PRN). There is a 9/9/14 secondary treating physician PR-2 report states that the patient returns to this office stating having had dental appointment and was prescribed medication in the form of Halcion 25 mg, # 15 . The patient also continues to take Valium medication for severe muscle spasms. This has enabled him to continue his full work duties with restrictions of no prolonged sitting. The Percocet he is taken on very rare occasion and has only taken two in the last month. No refills were needed on this medication. Of concern to the patient is the delayed refill of Valium medication. He says there is a two-week delay. The patient has also reported having had injection on a non-industrial basis to his right knee and shoulder and has released some of the discomfort associated; however, the neck pain is slightly increased with the delay in fill of the medication but otherwise is well maintained with the medication. On exam, the patient is awake, alert, and sitting appropriately. There is no evidence of medication-induced somnolence. The low back reveals that there is taut muscle band in the paraspinal musculature; however, no spasms are noted on today's visit. Range of motion of the low back 60 degrees of flexion and 20 degrees of extension. The facet testing is positive on the right in the lower lumbar spine. The cervical spine exam reveals tenderness with taut muscle bands and trigger point activity noted in the trapezium musculature bilaterally. Range of motion is full at 60 degrees of flexion and extension at 50 degrees, rotation at 90 degrees. Cervical compression does not produce any radicular pattern of pain. Neurologically, the patient is intact. The treatment plan included refilling Percocet and Valium. There is a 6/10/14 report that states that the patient has changed his medication by discontinuing the use of Soma and decreasing the use of Percocet to

10/325, 1 per day. He's also tried to decrease the Valium to 1 every 3 days. The decrease in meds has significantly increased symptoms and difficulty with work activities. Has not missed a day of work but does struggle and has significant increase in neck pain and muscle spasm. The most effective relief of pain secondary to the muscle spasm is Valium. The Valium is most effective when used 1 every 2 days. Overall the medication has made the patient continue to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #25 with 2 refills (1-2 PO QD PRN): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Valium 10mg #25 with 2 refills (1-2 PO QD PRN) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant.. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Valium longer than the recommended 4 week. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Valium 10mg #25 with 2 refills (1-2 PO QD PRN) is not medically necessary.