

Case Number:	CM14-0164422		
Date Assigned:	10/09/2014	Date of Injury:	11/30/1984
Decision Date:	11/26/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Illinois. 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 injured worker is a 65-year-old female who reported an injury on 11/30/1984. The mechanism of injury was not clearly indicated. Her diagnoses included post laminectomy syndrome of the cervical spine, cervical radiculitis, and disc degeneration. The injured worker's past treatments included acupuncture, chiropractic care, multiple epidural steroid injections, massage therapy, physical therapy, urine drug screens, trigger point injections, transcutaneous electrical neural stimulation, and medications. Her diagnostic exams included an electromyography study, an MRI of the lumbar spine, cervical spine, and thoracic spine. She also had an x-ray performed to the left elbow. The injured worker's surgical history included an anterior cervical discectomy and fusion at the C5-6; C6-7, and a decompression performed on the C3-4, C4-5. On 09/17/2014, the injured worker complained of weakness in her bilateral legs that caused her to fall and fracture her elbow in 04/2014. She continued to have pain in the left elbow that radiated up to the left shoulder. The injured worker also complained of low back pain, which she rated 8/10 on the pain scale. She described her pain as aching, coldness, numbness, spasms, and tingling. She also reported pain in the neck, which she rated 7/10 on the pain scale. The physical exam revealed swelling to her left lateral elbow, arthritic left elbow, decreased strength in the right elbow, and decreased grip strength to the left compared to the right. There were no sensory deficits noted. Her medications included Flexeril 10 mg #30, Trazadone 50 mg #60, Cymbalta 30 mg #7, Cymbalta 60 mg #30, Valium 5 mg #10, Tramadol 50 mg #45, Omeprazole 20 mg # 30, and Lunesta 3 mg #30. The treatment plan consisted of the continuation of her medications, the initiation of an opioid contract, and a consult for the treatment of her left elbow. A request was received for Valium 5 mg #10. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #10: Upheld

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

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

Decision rationale: The request for Valium 5mg #10 is not medically necessary. The California MTUS Guidelines do not recommended benzodiazepines for long term use because long term efficacy is unproven and there is high risk of dependence. The guidelines limit the use of benzodiazepines to 4 weeks. Tolerance to hypnotic effects develop rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. Based on the clinical notes, the injured worker complained of low back and neck pain, which she rated 7/8-10 on the pain scale. She reported difficulty sleeping and described the pain as achy, spasms, and tightness. The physical exam revealed swelling to the left lateral elbow and decreased strength in the right elbow. The clinical notes did not indicate a diagnosis of depression or anxiety to warrant the use of the benzodiazepine, Valium. Also, the clinical notes indicated that the injured worker has been prescribed Valium since approximately 03/2014, which is not supported by the guidelines, as long term use is not recommended. Therefore, due to lack of documentation indicating a diagnosis of depression or anxiety disorder, and evidence of long term, the request is not supported. Additionally, the request failed to indicate a frequency of dose. Thus, the request for Valium 5mg #10 is not medically necessary.