

Case Number:	CM14-0182701		
Date Assigned:	11/07/2014	Date of Injury:	12/24/2011
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Neuromuscular Medicine 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 56 year old male who had a work injury dated 12/24/11. The diagnoses include cervical facet syndrome; cervical disc disorder. Under consideration are requests for Valium 5mg #30. There is a 9/17/14 progress note that states that the patient has complaints of neck and low back pain at 5/10 with meds and 9/10 without meds. On physical exam the cervical range of motion reveals that flexion is 30 degrees, extension 10 degrees, lateral rotation bilaterally 45 degrees. There is bilateral paravertebral tenderness. Biceps reflex and triceps reflex is and brachioradialis reflex is 1/4. Grip strength 3/5. The lumbar spine range of motion is restricted with flexion at 45 degrees, extension 10 degrees, left lateral rotation 45 degrees, right lateral rotation at 60 degrees. Lumbar facet loading positive on both sides. The straight leg raise is negative. The patient was given a prescription for Ibuprofen, Valium and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: 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: Valium 5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. The documentation indicates that the patient has been on Valium since at least May of 2014. There are no extenuating circumstances to go against guideline recommendations of limiting this medication to four weeks. The request for Valium 5mg #30 is not medically necessary.