

Case Number:	CM14-0184062		
Date Assigned:	11/12/2014	Date of Injury:	12/30/2010
Decision Date:	12/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/05/2014

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 Interventional Spine 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 a 51-year old with an injury date on 12/30/10. Patient complains of worsening neck pain radiating to the shoulders, left > right, with severe headaches, overall pain level rated 8/10 before medications, and reduced to 4-5/10 with medications per 9/30/14 report. Patient also has continuing weakness of right arm and hand, with occasional tingling into the fingers, but not constant per 9/30/14 report. Based on the 9/30/14 progress report provided by the treating physician, the diagnoses are: 1. chronic pain syndrome 2. Postlaminectomy syndrome 3. History of myelopathy 4. C4 through C7 cervical fusion Exam on 9/30/14 showed negative Spurling's test. The 9/2/14 report states: cervical range of motion restricted in all fields. Patient's treatment history includes medications (currently Norco, Valium, Synthroid, Baclofen, Maxalt), and acupuncture (authorized but not started as of 9/30/14). The treating physician is requesting valium 2mg #60. The utilization review determination being challenged is dated 10/10/14. The requesting physician provided treatment reports from 1/9/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #60: 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: This patient presents with neck pain, headache, bilateral shoulder pain, and right arm weakness. The physician has asked for VALIUM 2mg #60 on 9/30/14. Patient has been taking Valium since 8/5/14. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has been taking valium for more than a month. The requested valium 2mg #60 is only indicated for short-term use (less than 4 weeks). Therefore, Valium 2mg #60 is not medically necessary.