

Case Number:	CM14-0052151		
Date Assigned:	07/07/2014	Date of Injury:	03/21/2003
Decision Date:	09/10/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 injured worker is a 50-year-old female who reported an injury on 03/21/2003. The mechanism of injury was not provided. On 03/24/2014 the injured worker presented with complaints of neck pain that radiated down the upper right extremity and was aggravated by activity and walking. Upon examination of the cervical spine there was spasm noted and myofascial trigger points noted in the trapezius muscles bilaterally and rhomboid muscles bilaterally. Range of motion for the cervical spine was severely limited due to pain. There was decreased sensation bilaterally to the C6 and C7. Examination of the lumbar spine noted a spasm and tenderness to palpation over the spinal vertebral area of L4 to S1. The range of motion was severely limited due to pain and there was decreased sensation to light touch along the L4 to S1 dermatome in the right lower extremity. There was a positive straight leg raise to the right. The diagnoses were cervical radiculopathy, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, right knee pain, and status post open reduction and internal fixation of an annular tear. The provider recommended Valium. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for valium 10mg, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Benzodiazepines: purpose of weaning.

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

Decision rationale: The request for 1 prescription for Valium 10 mg with a quantity of 60 is not medically necessary. Benzodiazepines are primarily indicated as a sedative/hypnotic, anxiolytic, anticonvulsant, and a muscle relaxant. Benzodiazepines are not recommended due to rapid development of tolerance and dependence, and most guidelines limit their use to 4 weeks. The injured worker has been prescribed Valium since at least 03/2014. However, the efficacy of the medication was not provided. The provider's request for Valium 10 mg with a quantity of 60 exceeds the guideline recommendation of short-term use. Furthermore, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.