

Case Number:	CM14-0053335		
Date Assigned:	07/07/2014	Date of Injury:	03/16/1995
Decision Date:	10/31/2014	UR Denial Date:	04/11/2014
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 Family Medicine and is licensed to practice in Arizona. 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 68 year old male with a date of injury on 3/16/1995. Diagnoses include cervical and lumbar strain and disc disease, cervicogenic headaches, right De Quervain's tenosynovitis, anxiety/stress, and right long finger sprain. Subjective complaints are of increased irritability and headaches. Physical examination showed tenderness of the cervical paraspinal muscles, decreased range of motion, and positive cervical compression. The right hand and wrist had decreased range of motion. The lumbar spine has muscle tenderness and decreased range of motion. Medications include Valium and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg 1 by mouth at night #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Benzodiazepines, Antispasticity/Antispasmodic drugs.

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

Decision rationale: The California MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or

the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. There also appears to be little benefit for the use of this class of drugs over non benzodiazepines for the treatment of spasm. For this patient, there is reference to anxiety and muscle spasm in the clinical records, but objective evidence or rationale is not present to support the chronic use of a benzodiazepine. Therefore, the request for Valium is not medically necessary.