

Case Number:	CM14-0058358		
Date Assigned:	07/09/2014	Date of Injury:	01/02/2003
Decision Date:	08/13/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 47-year-old male with a 1/2/03 date of injury, and decompression of Chiari malformation in 2004. At the time (4/4/14) of the Decision for Valium 10mg #56, there is documentation of subjective (pain in the left side of the body with intensity of 10/10) and objective (tenderness over the bilateral lumbar paravertebral with positive Faber test, pelvic shear test, and Stork test on left side; and tenderness over the cervical musculature with radiculopathy) findings, current diagnoses (brachial neuritis/radiculitis, syringomyelia, and syringobulbia), and treatment to date (medications (including ongoing treatment with Valium) and home exercise program). Medical reports identify that Valium is to be used for acute anxiety; for short-course, and helps patient to sleep and overcome depression and frustration. There is no documentation of the intention to treat over a short course (up to 4 weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti- anxiety medications in chronic pain.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis/radiculitis, syringomyelia, and syringobulbia. In addition, there is documentation of ongoing treatment with Valium. However, despite documentation of a rationale identifying that Valium is to be used for acute anxiety and for short-course, and given documentation of records reflecting ongoing treatment with Valium, there is no (clear) documentation of the intention to treat over a short course (up to 4 weeks). In addition, despite documentation that Valium helps patient sleep and overcome depression and frustration, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium 10mg #56 is not medically necessary.