

<b>Case Number:</b>	CM14-0085713		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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:

This is a male patient with the date of injury of January 17, 2013. A Utilization Review was performed on May 27, 2014 and recommended non-certification of Valium 5mg #60 and Medrol Dosepak. A Follow up Exam dated May 14, 2014 identifies a chief complaint of the neck, shoulder blades, and thoracic spine pain and weakness of the left arm. Examination identifies extension 90/90 degrees with pain. Diagnoses identify herniated nucleus pulposus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Valium, Chronic Pain Medical Treatment Guidelines state the "benzodiazepines are not recommended for long-term use." Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Valium is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Valium. Finally, there is no indication that the Valium is being prescribed

for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Valium is not medically necessary.

**medrol dosepak:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** Regarding the request for Medrol Dose Pak, Occupational Medicine Practice Guidelines state oral corticosteroids are not recommended for low back pain. ODG states "oral corticosteroids are recommended in limited circumstances for acute radicular pain." Within the documentation available for review, the patient is noted to have chronic low back pain. Guidelines support oral corticosteroids for acute radicular pain, which is not the case here. In light of this issue, the currently requested Medrol Dose Pak is not medically necessary.

