

Case Number:	CM14-0122872		
Date Assigned:	09/16/2014	Date of Injury:	10/11/2004
Decision Date:	07/07/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old female, who sustained an industrial injury on October 11, 2004. She reported an injury to her right shoulder and neck. She was diagnosed with a herniated disc. Treatment to date has included cervical discectomy, cervical epidural steroid injection, TENS unit, and medications. Currently, the injured worker complains of severe neck pain, muscle spasms, cramping sensation on the left side of the neck and shoulder blade. The injured worker reports that she cannot function without pain medication and continues to use Percocet for pain and Flexeril for muscle spasms. She reports that when she does not get relief from muscle spasms with Flexeril she will alternate with low-dose Valium. She uses Tylenol and will alternate that with Percocet. She reports 50% reduction in her pain and 50% functional improvement with activities of daily living. She rates her pain 4 on a 10 point scale with medications and a 10 on a 10-point scale without medications. The diagnoses associated with the request include status post anterior cervical discectomy and fusion, neck spasm, shoulder girdle spasm, cervicogenic headaches, and right carpal tunnel syndrome. The treatment plan includes continuation of Percocet, Flexeril, valium, Tylenol, ibuprofen, and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Benzodiazepines.

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepines should not be utilized on a long term basis. The Guidelines recommend limited use of up to 4 weeks maximum with alternative medications being recommended for many of the indications that this class of drugs are used for. There are no unusual circumstances to justify an exception to Guidelines. The Valium 5mg. #30 is not supported by Guidelines and is not medically necessary.