

Case Number:	CM14-0164244		
Date Assigned:	10/09/2014	Date of Injury:	06/15/2004
Decision Date:	02/06/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine, 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 (IW) is a 67-year-old man with a date of injury of June 5, 2004. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are neck pain; arthritis of the neck; cervical myalgia; cervical degenerative disc disease; cervical radiculitis; cervical post laminectomy syndrome; and severe postoperative cervical pain. Pursuant to the progress note dated October 22, 2014, the IW complains of neck pain and back pain. The IW had neck surgery in October of 2013. He reports moderate improvement from the surgery. He reports TENS units provides greater than 80% improvement with pain and function. The IW reports 80% improvement in pain, range of motion, and activities of daily living with the current medication regimen of Opana, Norco, and Valium. Examination of the cervical spine reveals tenderness, spasms, and decreased range of motion. The IW has a lot of pain with movement. Current medications include Norco 10/325mg, Opana 5mg, Opana 10mg and Valium 5mg. In an August 26, 2014 progress note, the IW reports the Valium helps him sleep without pain and spasms. He takes the Valium at 8pm and will wake up at 4am to take pain medications. The IW has been taking Valium since at least March 28, 2014, according to a progress note with the same date. This was the earliest progress note in the medical record so it is unclear as to how long the IW has been taking Valium. In the review of symptoms, the treating physician reports the IW has insomnia. There is no evidence of objective functional improvement associated with the long-term use of Valium. The current request is for Valium 5mg #30.

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 Benzodiazepines Page(s): 24.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are neck pain; arthritis of the neck; cervical myalgia; cervical degenerative disc disease; cervical radiculopathy; cervical post laminectomy syndrome; and severe postoperative cervical pain. The documentation indicates the injured worker takes Valium at bedtime as needed for anxiety according to the instructions on the prescription. The problem list contains a diagnosis of insomnia and sleep difficulties. Valium is not indicated for long-term use. Long-term efficacy is unproven and there is a risk of both psychological and physical dependence and addiction. The treating physician has exceeded the recommended guidelines of prescribing Valium 5 mg for longer than two weeks despite unproven efficacy and the risk of psychological and physical dependence. There is no compelling clinical facts in the medical record to support the ongoing use of Valium. Consequently, Valium 5 mg #30 is not medically necessary.