

Case Number:	CM14-0195317		
Date Assigned:	12/03/2014	Date of Injury:	06/04/2001
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

This 50 year old female sustained a work related injury on 6/4/2001. The mechanism of injury was reported to be injury from lifting boxes on a three foot stack at work. The current diagnoses are reflex sympathetic dystrophy of the upper limb, anxiety, cervical intervertebral disc displacement and spondylosis without myelopathy and spasmodic torticollis. According to the progress report dated 10/10/2014, the injured workers chief complaints were pain in the right fingers and thumb. Per notes, the injured worker has been experiencing this pain for more than 10 years. The pain is described as constant, deep, sharp, cramping, and shooting with intermittent hot-burning, numbing, tingling, electrical, and muscle spasms. The injured worker reports that she continues to get electrical shocks through her bilateral shoulders and neck, causing her to have headaches and migraines. The pain radiates to the right shoulder, upper arm, forearm, hand, upper extremity, and neck. She rates the pain 7/10 on a subjective pain scale. The records show that the injured worker has an intrathecal infusion pump for pain control. However, there is no documentation of when she initially got the pump. The physical examination revealed decreased muscle strength in the left upper extremity. Active range of motion of the cervical spine is limited. On this date, the treating physician prescribed Valium 5mg, which is now under review. The Valium was prescribed specifically for muscle spasms. When Valium was first prescribed work status was not described. On 10/23/2014, Utilization Review had non-certified a prescription for Valium 5mg. The Valium was non-certified based on no documentation of derived symptomatic or functional improvement from its previous use. Additionally, there is no documented medical indication for this medication. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #24: Upheld

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

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. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy of the upper limb, anxiety, cervical intervertebral disc displacement and spondylosis without myelopathy and spasmodic torticollis. However, there is no documentation of the intention to treat over a short course. Therefore, based on guidelines and a review of the evidence, the request for Valium 5mg #24 is not medically necessary.