

Case Number:	CM14-0211156		
Date Assigned:	12/24/2014	Date of Injury:	06/12/2002
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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 year-old woman with a date of injury of June 12, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine disc syndrome with strain/sprain disorder and radiculopathy; lumbosacral spine disc syndrome with sprain/strain disorder, radiculopathy and spinal stenosis; and bilateral rotator cuff syndrome and impairment syndromes with bilateral super scapular neuropathies. Pursuant to the progress reports dated October 28, 2014, the IW complains of neck, low back, and bilateral shoulder pain. The pain is described as sharp, stabbing, stiffness, numbness, clumsiness, and generalized discomfort. The treating physician reports the IW has a good, but partial response to treatment. Objectively, there is decreased range of motion of the cervical spine and lumbosacral spine and shoulder bilaterally. Drop test is positive bilaterally. Bilateral C7 and bilateral S1 radiculopathies with absent bilateral triceps and bilateral ankle deep tendon reflexes were noted. There is reduces strength in the distribution of the bilateral suprascapular nerves. Current medications include Norco 10/325mg, Valium 10mg, and Lidocaine patches 5%. The physician notes the IW is taking Valium for muscle spasm. However, the documentation does not provide any objective evidence of muscle spasm in the lumbar spine or cervical spine. The IW has been taking Valium 10mg since April 15 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of Valium. The current request is for Valium 10mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 10 mg #300 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. Most guidelines limit use to four weeks. See the ODG guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine disc syndrome with strain/sprain disorder and radiculopathy; lumbosacral spine disc syndrome with sprain/strain disorder, radiculopathy and spinal stenosis; and bilateral rotator cuff syndrome and impairment syndromes with bilateral super scapular neuropathies. The documentation indicates the injured worker was taking Valium as far back as April 15, 2014. The physician notes the injured worker is taking Valium for muscle spasm. However, the documentation does not provide any objective evidence of muscle spasm in the lumbar spine or cervical spine. Additionally, there is no evidence of objective functional improvement associated with ongoing Valium. Consequently, absent clinical documentation to support the ongoing use of Valium, a clinical indication for the use of value, in excess of the recommended guidelines (no longer than two weeks), Valium 10 mg #300 is not medically necessary.