

Case Number:	CM15-0181545		
Date Assigned:	09/22/2015	Date of Injury:	10/22/1982
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old woman sustained an industrial injury on 10-22-1982. Diagnoses include cervical spine root lesions, cervical myofascial pain syndrome, cervical facet arthropathy, cervical discogenic spine pain, failed cervical neck surgery syndrome, headache, chronic pain, failed back surgery syndrome, and lumbar back pain. Treatment has included oral medications, heat, ice, massage, nerve locks, injection therapy, epidural steroid injections, chiropractic care, physical therapy, TENS unit, acupuncture, biofeedback, surgical interventions, home exercise program, and psychological treatment. Physician notes on a PR-2 dated 8-25-2015 show complaints of back and neck pain rated 9 out of 10. The worker states her average pain rating is 7-8 out of 10. The physical examination shows diffuse tenderness on palpation of the cervical spine with spasms noted more to the left side than on the right. Tenderness to the occupant was also noted to be greater on the left. The lumbar spine showed diffuse tenderness with increased pain on extension, positive bilateral sitting straight leg raise, a mildly antalgic gait, kyphotic posture, bilateral cervical and lumbar spine spasms, and decreased strength tot eh bilateral upper extremities. There is no evidence of sensory loss and inconsistent behavioral responses are absent. Recommendations include continue home exercise program and stretching, Morphine sulfate, Valium, cervical spine spinal cord stimulator trial, neurosurgery consultation, urine drug screen, Seroquel, Lexapro, and follow up in four weeks. Utilization Review denied a request for Valium citing "there is insufficient evidence to draw conclusions about long term use of benzodiazepines and there is a high risk of dependence".

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication long term since at least 2/2015. As the treatment is not recommended for long term use, the request is not medically necessary.