

Case Number:	CM15-0191846		
Date Assigned:	10/05/2015	Date of Injury:	12/22/2010
Decision Date:	11/13/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/29/2015

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

Certification(s)/Specialty: Emergency 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 61-year-old male, with a reported date of injury of 12-22-2010. The diagnoses include displacement of cervical intervertebral disc without myelopathy, unspecified disorders of bursae and tendons in the shoulder region, and myofascial pain syndrome. Treatments and evaluation to date have included Valium, chiropractic treatment, TENS unit, physical therapy, Gabapentin, Norco, Valium (since at least 05-2015), and Advil. The diagnostic studies to date have included a urine drug screen on 09-14-2015 with consistent findings. The medical report dated 09-14-2015 indicates that the injured worker's condition was the same as the last visit. He complained of neck, upper back, shoulder, and elbow pain, with radiation to both arms to the tips of his fingers. The injured worker also complained of pain in the lower back and both buttock with radiation to both legs. His pain was associated with tingling in the hands and legs. The injured worker rated his pain 8 out of 10 in severity; and 6 out of 10 with medications. The objective findings include no acute distress; cervical spine forward flexion at 50 degrees; cervical spine extension at 20 degrees; cervical rotation at 15 degrees to the right and 15 degrees to the left; cervical side bending to 30 degrees to the right and 30 degrees to the left; normal cervical alignment without asymmetry or kyphosis; tenderness along the C6-7 cervical spine; and normal muscle strength and symmetry throughout the bilateral upper extremities. It was noted that an MRI of the cervical spine on 08-18-2014 showed degenerative disc disease and facet arthropathy with retrolisthesis C5-6, canal stenosis at C4-5, C5-6, C6-7, and C6-T1, and neural foraminal narrowing of C4-5, C5-6, C6-7, and C7-T1. The treatment plan included the continued use of Valium 5mg #60, two tablets at bedtime as needed. The injured worker is

retired and his disability status was noted as permanent and stationary. The treating physician requested Valium 5mg #60. On 09-26-2015, Utilization Review (UR) non-certified the request for Valium 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #60: 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: Valium or Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Valium is being used for pain or insomnia or anxiety. Documentation does not support continued use. Prescription is not consistent with short term use or weaning regimen. Diazepam is not medically necessary.