

Case Number:	CM15-0201145		
Date Assigned:	11/10/2015	Date of Injury:	08/01/2002
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68 year old injured female who sustained an industrial injury on August 1, 2002. Medical records indicated that the injured worker was treated for neck and back pain. Medical diagnoses include cervicgia, degenerative disc disease of cervical spine, post laminectomy syndrome, cervical region and sacrolitis. In the provider notes dated August 28, 2015 the injured worker complained that her headaches have been increasing and her neck pain has been getting progressively worse. She is taking "Oxycodone 5 mg one tablet one to two times daily and Valium 5 mg on average daily and Rixatriptan 10 mg as needed for her migraines." "She denies any side effects with this regimen. It allows her to complete her ADL's and reduces her pain by 30%. She rates her pain as a ten out of ten without the medications and with the medications on board, she rates the pain as a seven or eight out of ten." On exam, the documentation stated there is decreased range of motion with flexion and extension with tenderness to palpation along mid cervical facet joints. There are negative foraminal closure tests on the right and left. There is paraspinal tenderness. The treatment plan is for medication management. A Request for Authorization was submitted for Diazepam 5 mg #30 and Oxycodone 5 mg #23. The Utilization Review dated October 1, 2015 modified the request for Diazepam 5 mg #30 Diazepam 5 mg #11 and noncertified Oxycodone 5 mg #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg #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: This 68 year old female has complained of neck pain and back pain since date of injury 8/1/2002. She has been treated with surgery, physical therapy and medications to include Valium since at least 08/2015. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not medically necessary in this patient.