

Case Number:	CM15-0201459		
Date Assigned:	10/16/2015	Date of Injury:	03/05/1998
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
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: 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 59 year old male, who sustained an industrial injury on 03-05-1998. A review of the medical records indicates that the worker is undergoing treatment for degenerative disc disease of the lumbar and cervical spine, myofascial pain syndrome, lumbar radiculopathy, cervical facet arthropathy, cervical stenosis and failed neck surgery syndrome. Subjective complaints (07-28-2015, 08-25-2015 and 09-22-2015) included ongoing neck pain radiating to the arms that was rated as 7-10 out of 10, along with bilateral arm numbness. Objective findings (07-28-2015, 08-25-2015 and 09-22-2015) contained neurological and musculoskeletal examination findings that were notable for an antalgic gait, left lumbar spasm, bilateral paracervical tenderness and spasms at C6-C7 and left paraspinal tenderness with trigger points at L4-L5. There were no subjective complaints of anxiety or depression and no mental status examination was performed. There was also no indication as to the level of effectiveness of Valium and there was no rationale for the use of this medication. Treatment has included Methadone, Percocet, Valium (since at least 05-2015), Gabapentin, transcutaneous electrical nerve stimulator (TENS) and physical therapy. Medication was noted to provide greater than 50% improvement of pain and to allow the worker to performed activities of daily living but pain ratings before and after use of medication were not documented and there were no specifics given with regard to objective functional improvement. A utilization review dated 09-29-2015, modified a request for Valium from Valium 10 mg #30 (x1 refill) to certification of Valium 10 mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

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

Decision rationale: The requested Valium 10mg #30 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has neck pain radiating to the arms that was rated as 7-10 out of 10, along with bilateral arm numbness. Objective findings (07-28-2015, 08-25-2015 and 09-22-2015) contained neurological and musculoskeletal examination findings that were notable for an antalgic gait, left lumbar spasm, bilateral paracervical tenderness and spasms at C6-C7 and left paraspinal tenderness with trigger points at L4-L5. There were no subjective complaints of anxiety or depression and no mental status examination was performed. There was also no indication as to the level of effectiveness of Valium and there was no rationale for the use of this medication. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 10mg #30 with 1 refill is not medically necessary.