

Case Number:	CM15-0023163		
Date Assigned:	02/12/2015	Date of Injury:	09/27/1998
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 09/27/1998. On provider visit dated 10/27/2014 the injured worker has constant chronic neck and lower back pain, along with periodic pain radiating into the right upper extremity. On examination she was noted decreased range of motion, tenderness was noted palpation to bilateral upper trapezius musculature. The diagnoses have included chronic neck pain secondary to multilevel degenerative disc disease with spondylosis and facet arthropathy and chronic pain syndrome. Treatment to date has included Norco and Valium and injection of knees and shoulders, physical therapy and chiropractic treatment. On 01/28/2015 Utilization Review non-certified Valium 10mg quantity 30. The CA MTUS Chronic Pain Medical Treatment Guidelines and were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): s 24, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Procedure Summary, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. page(s) 24..

Decision rationale: MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the MTUS guidelines, Benzodiazepines are 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. A previous taper has been recommended and approved. According to the clinical documentation provided and current MTUS guidelines; the Valium, as noted above, is not indicated a medical necessity to the patient at this time.