

Case Number:	CM15-0221860		
Date Assigned:	11/17/2015	Date of Injury:	09/24/1996
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/11/2015

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: Preventive Medicine, Occupational 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 62-year-old male, with a reported date of injury of 09-24-1996. The diagnoses include history of cervical fusion at C3-4 and C6-7, chronic headaches and neck pain, history of right shoulder surgery, and erectile dysfunction due to his chronic pain. The progress report dated 09-21-2015 indicates that the injured worker was frustrated, because he was not getting his medications on a consistent basis. Without medications, the injured worker's pain level was rated 10 out of 10; and 7 out of 10 with medications. It was noted that there were no aberrant drug seeking behaviors. It was also noted that since the injured worker has been using Klonopin, he stated that his anxiety was under much better control, and he had been using the medication more or less on an everyday basis. The objective findings were noted as "no significant change." The progress report dated 10-19-2015 indicates that the injured worker was in for further evaluation of the neck and right shoulder pain, as well as headaches. He stated that the pain got as high as 10 out of 10 in intensity, but with Vicoprofen, the pain could drop down to 7 out of 10. It was noted that he had bouts of anxiety and muscle spasms. It was noted that Klonopin helped with the anxiety and muscle spasms, but the injured worker stated that he has had better luck with Valium in the past. The injured worker was given Valium, which was changed from Klonopin on the day of the visit. The objective findings include tenderness over the cervical paraspinal musculature and limited range of motion with cervical rotation and extension. The injured worker's work status was noted that the injured worker was being seen under his Future Medical Award. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Vicoprofen, OxyContin (weaned), Klonopin, and Xanax (discontinued). The treating physician requested Valium 10mg #60. On 11-03-2015, Utilization Review (UR) non-certified the request for Valium 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has been prescribed benzodiazepines for an extended period which is not supported by the guidelines. There is no evidence that the injured worker has had a trial with antidepressant medication. The request for Valium 10mg #60 is determined to not be medically necessary.