

<b>Case Number:</b>	CM15-0050926		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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:

This 41 year old female sustained an industrial injury to the neck, back and shoulders on 12/20/08. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, injections and medications. In a PR-2 dated 2/5/15, the injured worker complained of ongoing neck pain. The injured worker had finished chiropractic therapy with subsequent relief from chronic headaches but not from neck pain. The injured worker reported an increase to neck pain and headaches over the last week. The injured worker reported the pain had increased to the point that she was thinking about not working. Current diagnoses included cervicgia, arthropathy of cervical facet joint, cervical spine degenerative disc disease and brachial neuritis. The treatment plan included continuing medications (Zofran, Provigil, Methadone, Oxycodone and Valium).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** This 41 year old female has complained of neck pain since date of injury 12/20/08. She has been treated with chiropractic therapy, injections, physical therapy and medications to include Valium since at least 10/2014. 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 indicated as medically necessary in this patient.

**Zofran 8mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/zofran](http://www.drugs.com/zofran).

**Decision rationale:** This 41 year old female has complained of neck pain since date of injury 12/20/08. She has been treated with chiropractic therapy, injections, physical therapy and medications. The current request is for Zofran. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.