

Case Number:	CM14-0115155		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2008
Decision Date:	10/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old male who sustained significant trauma as the result of a fall occurring on 04/02/08. Per the clinical records, the injured worker was entering a fast food restaurant when he collapsed to the ground and subsequently sustained an injury to the skull. Pertinent is a history of insulin-dependent diabetes since age 4. The injured worker was transported to a local hospital where he was identified as having a subarachnoid hemorrhage. The injured worker has been followed for a number of years with multiple diagnoses that include head injury with inner cerebral hemorrhage, post-traumatic headaches and seizures, associated cognitive decline, musculoskeletal low back pain, non-industrial diabetes and complications that include peripheral neuropathy atherosclerotic vascular disease. The record indicates that the injured worker has been followed by multiple physicians. The most recent clinical note revealed that the injured worker is cardiovascularly intact. He is noted to have bilateral sacroiliac joint tenderness, lumbar paraspinal tenderness, pain with flexion, pain with lateral bending, pain with lateral rotation, and perillumbar tenderness. He is maintained on multiple medications. The record contains an AME dated 04/07/11 in which there is a discussion regarding the use of Valium. The author notes that Valium is a medication which in his opinion should be avoided for post-traumatic headache injured workers, given that it is sedating, addicting, and can cause depression. The record includes numerous utilization reviews with recommendations to taper Valium. The record contains a utilization review determination in which a perspective request for Valium 2 mg, #30 was modified to a prescription of Valium 2 mg, #7 to continue weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The submitted clinical record indicates that the injured worker has multiple issues to include post-traumatic headaches and post-traumatic seizure disorder. It is noted that an AME dated 04/07/11 recommended against the use of Valium in this patient further there are numerous prior utilization review determinations that have approved Valium on a weaning basis. The recommendations by the prior reviewer for the number of Valium 2mg #7 is consistent with the weaning process. As such, the medical necessity for Valium 2 mg, #30 is not established. Therefore, the request is not medically necessary.