

Case Number:	CM14-0116136		
Date Assigned:	08/04/2014	Date of Injury:	11/03/2003
Decision Date:	10/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 66 year-old male was reportedly injured on November 3, 2003. The mechanism of injury was noted as insidious onset of neck pain. The most recent progress note, dated June 30, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a 6 foot, 219 pound individual who is normotensive. There was a decrease to cervical and lumbar spine range of motion. No specific neurologic findings have been reported. However, there is a diagnosis of spasmodic torticollis. Diagnostic imaging studies objectified (were not presented for review). Previous treatment includes lumbar fusion surgery, multiple medications, and pain management interventions. A request had been made for Valium and was not certified in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124.

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

Decision rationale: When noting the date of injury, the injury sustained, the findings of physical examination tempered by the parameters outlined in the MTUS is not clear clinical indication for long-term use of this medication. The efficacy is unproven and there is a significant risk of dependence. That concern is applied here. Furthermore, the chronic benzodiazepines are for the treatment of very few clinical conditions. Therefore, based on the lack of a comprehensive clinical assessment as to the necessity of this medication the clinical indication cannot be developed.