

Case Number:	CM14-0123037		
Date Assigned:	08/06/2014	Date of Injury:	07/31/2009
Decision Date:	11/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational 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:

There were 84 pages provided for this review. It is for Valium number 3010 mg. One refill was requested for the purpose of weaning. The application for independent medical review was signed on July 28, 2014. Per the records, the patient is a 55-year-old man injured back in the year 2009. He is status post a cervical laminectomy performed in 2009 and anterior cervical discectomy infusion performed in 2011. As of January 10, 2013 the patient continued to have severe neck pain with radiation. There was limited range of motion of the cervical spine. A report from June 9, 2014 indicated that the patient still had neck pain, thoracic pain and lumbar pain. The patient is status post a lumbar laminectomy and anterior cervical disc fusion. Activity levels were decreased due to severe pain. There was decreased flexion and extension of the cervical spine, severe muscle spasm in the neck, and continued pain on medicine on palpation. Medicines were prescribed including fentanyl, oxycodone IR 15 mg number 20 and meloxicam. The patient was also given the Valium which is under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg 1 PO QHS #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines

Decision rationale: The MTUS is silent. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary and appropriate.