

Case Number:	CM14-0140756		
Date Assigned:	09/10/2014	Date of Injury:	08/11/2003
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

This 56 year-old patient sustained an injury on 8/11/2003 while employed by [REDACTED]. Request under consideration includes Valium 5mg, #30. Diagnoses include cervical sprain; bilateral shoulder sprain; lumbar sprain; anxiety/ stress; depression/ insomnia; and gastritis. The patient continues to treat for chronic ongoing neck, shoulders and low back pain. Report of 10/23/13 from the provider noted the patient with back pain with burning sensation; neck and bilateral shoulder pain rated at 8-9/10. Exam showed cervical spine with tenderness at paravertebrals, trapezius, and interscapular area; restricted painful flex/extension; negative Spurling's and compression test with 140 degrees abduction; bilateral acromioclavicular (AC) joint tenderness; positive Neer's and Hawkins'; lumbar spine with normal gait and difficulty with "tipi" toes and heels walking. Report of 7/23/14 from the provider noted medication listing Norco, Motrin, and Zanaflex. Although Valium was not discussed in the report, treatment requests included medications of Norco, Valium, Medrol dosepak, and Robaxin. The request for Valium 5mg, #30 was non-certified on 8/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #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): 23.

Decision rationale: Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury of 2003 nor is there documented functional efficacy from treatment already rendered. The Valium 5mg, #30 is not medically necessary and appropriate.