

Case Number:	CM14-0142797		
Date Assigned:	09/10/2014	Date of Injury:	10/01/2002
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/03/2014

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 & Rehabilitation, has a subspecialty in Pain 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 44-year-old female who reported an injury 10/01/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 06/23/2014 indicated diagnoses of cervical degenerative disc disease, postlaminectomy cervical pain, lumbar/sacral radiculopathy, shoulder pain, and ptosis of the left eye. The injured worker had neck pain that radiated to the right shoulder, right arm, and right 3rd and 4th fingers and reported pain from the left side of her neck into the left upper extremity. The injured worker rated her pain 9/10. The injured worker also reported chronic back pain that radiated to the left upper lateral leg at times. The injured worker reported her medications were working much better with the recent change of Norco instead of Percocet. The injured worker reported her pain made sleep very difficult. The injured worker reported with Norco as her new medication, it was allowing her to do some daily activities, as an improvement from when she was on Percocet. The injured worker also reported good relief from the topical compound creams that were prescribed to help the pain in her neck and back. On physical examination of the cervical spine, there was tenderness to palpation with tenderness to palpation in the lower lumbar spine as well. Range of motion was reduced to the lumbosacral area due to pain in the back. The injured worker's treatment plan included medications, recommendation for MRI, and referral for low back pain. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Ambien, Valium, Robaxin, compound creams and Norco. The provider submitted a request for valium. The Request for Authorization dated 08/15/2014 was submitted for the above medication, although the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker reported a pain level of 9/10. There is no indication that the use of Valium has resulted in diminished pain levels or functional improvement. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Valium 5mg #60 is not medically necessary.