

Case Number:	CM14-0090447		
Date Assigned:	07/23/2014	Date of Injury:	09/27/1998
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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:

This is a 63-year-old female with a 9/27/98 date of injury. She injured her neck, shoulder, and back due to repetitive use while working as a forklift operator. The only records provided for review were the results from imaging studies. A UR decision dated 6/4/14 referenced a 3/31/14 progress report that was not provided for review. According to that note, the patient complained of neck and low back pain with radiation. She has been doing well since her cervical ESI. The patient was told to alternate Soma and Valium. Exam showed spasm in the neck and lumbar area. The patient was prescribed Valium 10 mg #90 and Norco 10/325 mg #90. She also had depression and anxiety noted which was not discussed. Diagnostic impression: multiple levels of central and foraminal stenosis, degenerative spondylotic changes of cervical spine. Treatment to date: medication management, activity modification, physical therapy, massage therapy, TENS unit, and epidural steroid injection (ESI). A UR decision dated 6/4/14 modified the request for Valium 10 mg, 90 tablets with 1 refill to Valium 10 mg, 90 tablets with zero refills for weaning purposes. Long-term daily use of a benzodiazepine is not supported and can lead to a significant dependence and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, Days Supply 30, Quantity 90, Units 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. It is unclear how long the patient has been using Valium. Guidelines do not support the long-term use of benzodiazepines. It is noted that the patient is also concurrently using Soma and Norco. The combination of benzodiazepines, muscle relaxants, and opioids can increase the risk of adverse effects, such as sedation. Therefore, the request for Valium 10mg, Days Supply 30, Quantity 90, Units 2 is not medically necessary.