

Case Number:	CM14-0217740		
Date Assigned:	01/07/2015	Date of Injury:	01/12/2008
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 55 year old female sustained work related industrial injuries on January 12, 2008. The injured worker was diagnosed and treated for severe left tennis elbow, sprain and strain of bilateral wrist and ulnar neuritis. Treatment consisted of prescribed medications, left lateral epicondyle release on 4/10/2014, right tennis elbow release, right carpal tunnel release, right de Quervain's first dorsal compartment release, consultations and periodic follow up visits. Per treating provider report dated 11/25/14, the injured worker currently complained of neck pain radiating into her right shoulder and down her arm. She also complained of right shoulder pain. Objective findings revealed tenderness in right shoulder, trapezius and cervical paraspinals. There was spasm in the right trapezius and over the right elbow and wrist. Cervical compression test was positive for pain radiating into her right upper extremity. The treating physician prescribed services for Valium 5mg #2 without refills now under review. On December 12, 2014, the Utilization Review (UR) evaluated the prescription for requested on Valium 5mg #2 without refills. Upon review of the clinical information, UR non-certified the request for Valium 5mg #2 without refills, noting the MTUS Guidelines. On December 29, 2014, the injured worker submitted an application for IMR for review of Valium 5mg #2 without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #2 without refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66, 24.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as valium) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. Valium is a benzodiazepine that is also used as a muscle relaxant. In this case the MTUS recommends against the use of either medications and therefore the use of Valium is not medically necessary.