

Case Number:	CM15-0117918		
Date Assigned:	06/26/2015	Date of Injury:	11/10/2009
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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, California
 Certification(s)/Specialty: Family Practice

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 55-year-old male, who sustained an industrial injury on 11/10/09. The diagnoses have included degeneration of the cervical intervertebral disc, severe cervical spasm, lumbago-sciatica, cervicgia, myofascial pain, and cervical radiculopathy. Treatment to date has included medications, oral evaluation and dental care, activity modifications, diagnostics, trigger point injections, physical therapy and other modalities. Currently, as per the physician progress note dated 5/18/15, the injured worker complains of chronic and aching neck pain that radiates up the back of the head and to his forehead. He reports that the medications are helpful in relieving the pain, reduce the pain by 10-30 percent, and allow him to complete his necessary activities of daily living (ADL). He also reports left sided thoracic pain, headaches, right upper extremity pain, myofascial pain in the cervical region, and lumbar pain. The physical exam reveals that the cervical spine has severe tenderness, spasm, and pain in the trapezius with palpation. Multiple trigger points are appreciated when palpated elicits a twitch response with pain referred to the occipital ridge. There is 50 percent restriction in all planes. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Morphine Sulfate, Oxycodone, Motrin, Metoprolol and Ambien. There is no previous physical therapy sessions noted and there is no previous urine drug screen reports noted in the records. The physician requested treatment included Valium 5mg #60 for spasm.

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: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use of 4 weeks and its range of action include: sedation, anxiolytic, and anticonvulsant and muscle relaxant. In this case, the claimant had been on opioids and sleep agents, which would potentiate the risk of using Benzodiazepines. In addition, there was no mention of failure of physical interventions to alleviate spasms. The Valium is not medically necessary.