

Case Number:	CM15-0118124		
Date Assigned:	06/26/2015	Date of Injury:	12/01/2003
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old female, who sustained an industrial injury on December 1, 2003. She reported cumulative trauma injury of the neck with radicular symptoms radiating into the bilateral upper extremities and headaches. Several documents included in the submitted medical records are difficult to decipher. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculopathy, spasm of cervical paraspinal muscles, cervicogenic headaches, and cervicgia. Diagnostic studies to date have included: On November 12, 2013, an MRI of the cervical spine revealed moderate spondylitic changes with moderate attenuation of the right neural foramen at the cervical 6-7 level. There was no central canal stenosis. Treatment to date has included work modifications, osteopathic/chiropractic manipulation therapy, physical therapy, epidural steroid injection, facet blocks, trigger point injections, massage therapy, a transcutaneous electrical nerve stimulation (TENS) unit, neck traction, a home exercise program, heat/ice, a walker for ambulation, a non-steroidal anti-inflammatory injections, and medications including oral and topical analgesic, anti-epilepsy, benzodiazepine (for muscle spasms), antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: May 1998, May 2002, and December 2003. Comorbid diagnoses included history of fibromyalgia, migraine headaches, and situational depression. On May 12, 2015, the injured worker complains of a flare-up of her neck pain. Her pain level is 8/10 - without medications and 5/10 with medications. The cervical spine exam revealed moderate to severe tenderness and flare-up with moderate spasms over the bilateral trapezii, right greater than left, and over the levator scapulae rhomboidal area.

There were multiple trigger points in the same areas with some eliciting a twitch response when palpated with referred pain to the occipital ridge. There was 60% restricted flexion, 50% restricted extension, and 30% restricted rotation. There was a positive Spurling's and good grip strength bilaterally. The neurological exam revealed hypoesthesia on the posterior arms, right greater than left, down to the fourth and fifth fingers. Requested treatments include: Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg, seven count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning of Medications Benzodiazepine Page(s): 24; 66; 124.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend the use of benzodiazepines for no more than 4 weeks due to the rapid development of tolerance and dependence. In addition, "there appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm." When an injured worker has taken benzodiazepines for more than two weeks tapering is required prior to stopping the medication and the rate at which the medication is withdrawn should be individualized. The requested medication, Valium, is a benzodiazepine. The medical records show the injured worker has been treated with Valium since at least September 2013, which exceeds the guidelines recommendations. Therefore, the request for Valium is not medically necessary.