

Case Number:	CM15-0121300		
Date Assigned:	07/08/2015	Date of Injury:	03/17/1997
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, Indiana, New York
 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 61 year old male sustained an industrial injury to the neck on 12/16/14. Previous treatment included acupuncture and medications. In a follow-up visit dated 3/10/15, the injured worker complained of cervical spine pain with radiation down the left arm to the fingers. Physical exam was remarkable for global loss of cervical spine range of motion secondary to pain and stiffness with tenderness to palpation in the trapezius and paraspinal region of the cervical spine. Current diagnoses included cervical spine sprain/strain. The treatment plan included acupuncture, requesting a transcutaneous electrical nerve stimulator unit and continuing Valium. In a follow-up visit dated 5/12/15, the injured worker complained of ongoing neck pain. Physical exam was unchanged. The treatment plan included a prescription for Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Valium 10 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, in this case, the injured workers working diagnoses are cervical sprain strain. The date of injury is March 17, 1997. The request authorization is dated June 3, 2015. According to a May 12, 2015 progress note, the worker is still receiving Valium 10 mg. The requesting provider first prescribed Valium as far back as December 16, 2014. According to the May 12, 2015 progress note, the injured worker has ongoing neck pain. Valium is not recommended for long-term use (longer than two weeks). The treating provider prescribed Valium as far back as December 16, 2014. The treating provider exceeded the recommended guidelines by continuing Valium in excess of five months. There are no compelling clinical facts supporting the ongoing use of Valium. The documentation does not contain an exacerbation of chronic low back pain or to low back pain. There is no documentation demonstrating objective functional improvement. Consequently, absent compelling clinical documentation to support the ongoing use of Valium, objective functional improvement and treatment in excess of the recommended guidelines for five months (at a minimum), one prescription Valium 10 mg #60 is not medically necessary