

Case Number:	CM15-0128333		
Date Assigned:	07/15/2015	Date of Injury:	08/01/2005
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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

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(n) 51 year old female, who sustained an industrial injury on 8/1/05. She reported pain in her neck and bilateral upper extremities related to repetitive movements. The injured worker was diagnosed as having cervical radiculopathy, cervical disc degeneration and osteoarthritis of the spinal facet joint. Treatment to date has included a bilateral C3 medial branch block on 10/9/14, a bilateral C2,C3 and C4 medial branch facet injection on 1/27/15, physical therapy, acupuncture and a TENs unit. Current medications include Cymbalta, Zohydro and Valium since at least 5/28/15. As of the PR2 dated 6/12/15, the injured worker reports continued pain in her neck and bilateral arms. She rates her pain a 1-6/10 with medications and a 7-8/10 without medications. Objective findings include cervical range of motion decreased by 30% in all planes, a positive Spurling's test and tenderness over the brachioplexus with positive Tinel's sign. The treating physician requested to continue Valium 5mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #15: 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 rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepines be avoided for long term use (greater than 4 weeks). There use is not recommended for chronic pain or any derivative problems associated with chronic pain (muscle spasm, insomnia, stress or anxiety). There are no unusual circumstances to justify an exception to the Guidelines. The Valium 5mg #15 is not supported by Guidelines and is not medically necessary.