

Case Number:	CM14-0114731		
Date Assigned:	08/04/2014	Date of Injury:	01/22/2003
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 51-year-old male was reportedly injured on 1/22/2003. The mechanism of injury was not listed. The most recent progress note, dated 6/19/2014, indicated that there were ongoing complaints of neck pain and low back pain. Physical examination demonstrated decreased cervical and lumbar spine range motion and tenderness at the lumbar spine. No recent diagnostic imaging studies available for review. Diagnoses were cervicalgia, lumbago, myofascial pain syndrome and fibromyalgia. Previous treatment included Opana, IR, Effexor ER, Soma, Valium and OxyContin. A request had been made for Valium 10 mg #150, which was not certified in the utilization review on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10MG #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Benzodiazepines.

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

Decision rationale: The MTUS treatment guidelines do not support benzodiazepines (Valium) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Review, of the available medical records, documents chronic neck pain and low back pain after a work-related injury in 2003. Furthermore, the claimant has been prescribed Soma in conjunction with Valium, both of which are indicated for short-term treatment of acute, severe muscle spasms. As such, this request is not considered medically necessary.