

Case Number:	CM13-0010635		
Date Assigned:	12/11/2013	Date of Injury:	08/21/2010
Decision Date:	01/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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:

This is a 44-year-old male patient who previously underwent L5-S1 laminectomy and discectomy x2. The last surgery was approximately 1 year ago. He had some initial relief after the surgery but has gone on to develop significant distal lumbar pain and bilateral radiating lower extremity pain L5 pattern, right greater than left. He has failed to have any lasting improvement with conservative measures, consisting of treatment with medications and epidural steroid injections. Repeat MRI demonstrated a large right-sided paracentral disk herniation with severe bilateral neural foraminal stenosis, right greater than left, with approximately 70% loss of disk height and ruptured listhesis. Due to failure with conservative treatment, surgical intervention was discussed with the patient. The patient agrees and wishes to proceed with surgery. At issue here is the prescription of Valium 5mg every 6 hours as needed for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg every 6 hours as needed for spasms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, updated 06/07/13

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

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, Valium (a class of benzodiazepine) is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton 2005). Therefore, the prescribed Valium is not medically necessary.