

Case Number:	CM13-0018504		
Date Assigned:	03/14/2014	Date of Injury:	01/03/2003
Decision Date:	04/30/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/29/2013

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 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:

Patient is 37 years old male with D.O.I.(Date of Injury) 1/3/2003 According to office visit note by [REDACTED] on June 26th 2013 complaining of increased activity causing increased pain 9/10 to 6/10 with medications that allow good function. Exam findings; tenderness and spasm to lumbar paraspinal muscles. Flexion limited to 14 degrees extension limited to 5 degrees. MRI dated 09/09/2008 shows herniated disc at L4/L5. Diagnosis is Lumbar Radiculopathy, Chronic back pain, and Sciatic nerve lesion. Patient is prescribed refill of Valium for ongoing anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG, #45: Upheld

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

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

Decision rationale: The patient presents with chronic back pain that increases with activity. Request is refills of Valium to be used at night time for anxiety, depression and insomnia. The

request was denied by Utilization review on 07/31/2013. As per MTUS guidelines; Regarding Benzodiazepines, 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. It is only recommended for a short-term use. In this patient, review of the reports show that the patient has been prescribed Valium for more than several months. Given the MTUS recommendation for limiting the use of Benzodiazepines for less than 3-4 weeks. Therefore, the request for Valium 10mg, #45 is not medically necessary and appropriate