

Case Number:	CM13-0029549		
Date Assigned:	11/01/2013	Date of Injury:	02/15/2012
Decision Date:	07/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

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 Occupational Medicine 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:

The patient is a 71-year-old male with either 11/3/92 and 2/15/02 date of injury, the records are inconsistent. The mechanism of injury was not noted. In a 10/11/13 progress report, the patient continued to describe constant pain in the lumbar spine, which became severe at times. Pain was increased with bending, lifting, and stooping as well as walking and standing for prolonged periods of time. The patient described numbness and tingling as well as radiating pain for both lower extremities. Objective findings are tenderness and spasm are palpable over the paravertebral musculature bilaterally, normal motor and reflex, decreased sensation to the lower extremities bilaterally, straight leg raising test produced pain in the lumbar spine bilaterally. Diagnostic impression: bilateral elbow cubital tunnel syndrome, carpal tunnel syndrome, spondylosis. The treatment to date includes medication management and activity modification. A UR decision dated 9/18/13 denied the request for Valium. Guidelines do not recommend long-term use of Valium, as there is a risk for dependency and tolerance to the drug. It appears the provider had prescribed Valium since at least 2007, although the most recent progress reports from 6/14/13 to the present show no significant change in the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG, #10: 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: California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. 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. According to the reports reviewed the patient has been on Valium since at least 4/12/13, if not earlier. A specific rationale identifying why long-term Valium would be required in this patient despite lack of guidelines support was not identified. The specific response to previous Valium treatment was not assessed. Therefore, the request for Valium 10 mg #10 was not medically necessary.