

Case Number:	CM13-0030146		
Date Assigned:	11/27/2013	Date of Injury:	02/25/1998
Decision Date:	07/29/2014	UR Denial Date:	09/19/2013
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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 49-year-old female, who reported an injury on 02/25/1998; the mechanism of injury was not provided within the medical records. The injured worker had a history of chronic chest pain, fibromyalgia, and peripheral neuropathy. Upon examination on 10/07/2013, the injured worker complained of pain to the left upper rib cage. The injured worker rated his pain 2/10. The current medication regimen allowed for adequate level of functionality. The injured worker can do light house chores, cook light meals, drive and is able to care for herself with no assistance. The medications had no side effects. The injured worker had diagnoses of fibromyalgia four (4) years, diabetes, tachycardia and opioid withdrawal (emergency room visit on 08/23/2013). The diagnostic studies were not documented in progress note. The injured worker underwent spinal cord stimulator implantation. A urine drug screen was performed on 04/29/2013, which was positive for Nordiazepam (Valium). The prior treatments included medication management. The medications included Lidoderm patch 5%, Mirapex 1 mg tablet every night as needed, Skelaxin 800 mg tablet one (1) every eight hours as needed, Buprenorphine 8 mg sublingual take one (1) tablet every eight (8) hours s needed, Valium 10 mg one (1) tablet every twelve (12) hours as needed, and Zanaflex 4 mg one (1) tablet every eight (8) hours. The treatment request was for one (1) prescription of Valium 10 mg # 60. The request for authorization and rationale for the request were not provided in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Antispasticity/antispasmodic drugs Page(s): 24 and 66.

Decision rationale: The injured worker has a past history of chronic chest pain, fibromyalgia, and peripheral neuropathy. The Chronic Pain Guidelines state that benzodiazepines 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 four (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. The guidelines also state benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. The injured worker has been prescribed this medication since at least 04/29/2013. The medication is not recommended for long term use; therefore, continued use of the medication would not be indicated. There is lack of documentation indicating the rationale for the use of Valium. There is also a lack of documentation demonstrating the efficacy of the medication as evidenced by objective functional improvement and decreased symptomatology. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for one (1) prescription of Valium 10mg # 60 is not medically necessary.