

Case Number:	CM13-0034988		
Date Assigned:	12/11/2013	Date of Injury:	08/19/2004
Decision Date:	02/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal Medicine and is licensed to practice in Maryland. 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:

The patient was a 52 year old man who had sustained work-related injury on 8/19/2004 while lifting 30 pound barricade into a truck. He had low back pain and bilateral leg pain that started immediately after the accident. He was treated with Physical therapy as well as chiropractic treatments and lumbar epidural steroid injection. MRI of lumbar spine on 12/27/2004 revealed disc desiccation at L4-L5 level with mild narrowing of both neural foramina and disc desiccation with a 2.5 mm broad based posterior disc/endplate osteophyte complex at L5-S1 with mild narrowing of both neural foramina. Relatively unremarkable lumbar spine radiographs apart from some spondylosis at L4-5, L5-S1 were seen. After failing to improve with lumbar epidural steroid injections, he started following up with the treating provider. He had complained of lower back pain with radiation of pain into left buttock region and down both of his legs and occasional right leg pain which radiated into thigh region. Medications included Norco, Clonazepam, Wellbutrin and Zantac. In addition he was being treated with trigger point injections every 3 months in his bilateral mid lumbar paraspinal musculature. On 6/22/2013 and 8/22/2013, the claimant complained of chronic intractable low back pain, persistent bilateral lower extremity radicular pain, right greater than left. On physical examination there were lumbar spine paraspinal muscle spasms, painful and limited range of motion and positive Lasegue's bilaterally. There was decreased sensation bilaterally at L4-5 and L5-S1 level. His diagnoses included lumbar discogenic disease with radiculitis and intractable low back pain. The claimant was administered three trigger point injections to bilateral mid lumbar paraspinal musculature with 2cc of Marcaine and 1cc of Celestone. Medications included Oxycodone, Norco, Replax, Soma, Valium and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg three times daily #90: Upheld

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

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

Decision rationale: According to MTUS guidelines, 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 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. In this case, the claimant had low back pain and had been on benzodiazepines at least since February of 2013. Using benzodiazepines for chronic pain for longer periods doesn't meet the medical necessity guidelines set forth by MTUS.