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| Case Number: | CM13-0049272 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/26/2002 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 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 50-year-old female injured on 05/26/02, while unloading a truck and turning abruptly, resulting in a sudden onset of severe low back pain and right lower extremity pain. The injured worker subsequently underwent four (4) back surgeries, with continued complaints of low back and right lower extremity pain. The right lower extremity pain radiates down the posterior aspect of the right lower extremity to the foot, with associated numbness in the right buttock and right lower extremity. The injured worker also underwent corrective hip surgery, due to her hips locking as a result of poor posture. The documentation indicates the injured worker requesting a referral for additional physical therapy, due to severe pain in the hips and buttocks, and in addition to complaints of bowel incontinence. A physical examination revealed antalgic gait, essentially normal cervical range of motion, decreased lumbar range of motion, 5/5 muscle strength in the bilateral upper and lower extremities, sensation reduced to light touch along the right thigh and lateral right leg, positive straight leg raise on the right side at 60 degrees, and negative Fabre test bilaterally. The current medications were listed as Methadone, Oxycodone, Robaxin, Topamax, Omeprazole, Voltaren gel, and Phenergan. The injured worker was prescribed Valium 10mg every eight (8) hours and Cymbalta 60mg in addition to the prior medications. The initial request for Valium 10mg #90 was non-certified on 10/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Benzodiazepines.

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

Decision rationale: The Chronic Pain Guidelines indicate 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. The documentation indicated that Valium was being prescribed for the treatment of spasm; however, the injured worker was currently utilizing Robaxin. Additionally, the physical examination failed to provide objective findings significant for spasm necessitating the use of muscle relaxants. As such, the request for Valium 10mg #90 cannot be recommended as medically necessary at this time.