

Case Number:	CM13-0052609		
Date Assigned:	04/09/2014	Date of Injury:	04/17/2006
Decision Date:	05/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 04/17/2006. The mechanism of injury was not stated. The current diagnoses include status post bilateral hemilaminectomy with neural foraminotomy, status post lumbar spine posterior fusion and hardware removal with reinstrumentation, and psychological factors affecting chronic pain. The injured worker was evaluated on 09/24/2013. The injured worker reported severe lower back pain with right lower extremity radiculopathy. A physical examination revealed severe tenderness to palpation over the paraspinal musculature, mild guarding on flexion, a slightly antalgic gait, spasms, tightness, and sciatic notch tenderness bilaterally. The treatment recommendations included the continuation of Valium 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 VALIUM 10MG, ONE TWICE A DAY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 the use to four (4) weeks. There was no documentation of an anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. The Guidelines do not recommend long-term use of this medication, therefore, the request is noncertified.