

Case Number:	CM13-0059941		
Date Assigned:	12/30/2013	Date of Injury:	01/18/1999
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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:

Patient is a 52 year-old female with date of injury 1/18/1999. The most recent primary treating physician's progress report, dated 11/04/2013, lists subjective complaints as pain and spasm in the lumbar spine. The pain radiates to the left lower extremity to the foot. She also notes numbness and tingling to the left lower extremity. Objective findings: Examination of the lumbar spine revealed tenderness and spasm over the paravertebral muscles. The patient was able to flex with her fingertips 30 inches from the floor. Extension in 10 degrees. Straight leg test elicited pain over the bilateral lumbar spine and left thigh. Neurological examination of the lower extremities was normal. Diagnosis: 1. Herniated disc, lumbar spine 2. Fracture of lower end of radius with ulna. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 5/03/2012. Medications: 1. Nizatidine 150mg capsule, SIG: 1 cap PO b.i.d. 2. Trepadone #90, SIG: 2 cap PO b.i.d. 3. Omeprazole 20mg, SIG: 1 cap PO b.i.d. 4. Prevacid 30mg, SIG: 1 cap PO b.i.d. 5. Verapamil Hydrochloride tablets 80mg, SIG: 1 tab PO b.i.d. 6. Cyclobenzaprine 30mg 10%/Tramadol 10% (no SIG given) (as of 11/05/2012) 7. Diazepam 10 mg, sig: One tablet t.i.d.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Valium 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient has been taking Valium since at least 11/05/2012. In addition, she has been using a compounded medication which includes cyclobenzaprine, another benzodiazepine. The MTUS states 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. One prescription of Valium 10mg # 60 is not medically necessary.