

Case Number:	CM13-0066070		
Date Assigned:	01/03/2014	Date of Injury:	09/29/2011
Decision Date:	04/18/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice, 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 patient is a 52-year-old male who reported an injury on 09/29/2011. The mechanism of injury was not provided in the medical records. The patient is diagnosed with chronic left L4 and L5 radiculopathy, lumbar postlaminectomy syndrome; status post left L4-5 microdiscectomy, lumbar disc protrusion, and lumbar stenosis. His medications are noted to include medical THC, Norco 10/325 mg every 4 hours as needed, Naprosyn, Valium at bedtime, and Gabapentin. It was noted that the patient's use of Valium helps to decrease his anxiety secondary to pain and disability by 60% and maintain his ability to perform his activities of daily living, such as self-care and dressing. It was noted that he has an up to date pain contract and his urine drug screens had been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR VALIUM 10 MG #20: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, benzodiazepines are not recommended for long term use as efficacy is unproven and there is a risk of dependence. It further states that most guidelines limit use of benzodiazepines to 4 weeks. As the evidence based guidelines specifically state that benzodiazepines are not recommended for long term use, the request for continued Valium is not supported. As such, the request is non-certified.