

Case Number:	CM13-0070355		
Date Assigned:	01/03/2014	Date of Injury:	01/03/2003
Decision Date:	08/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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 Nevada. 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 38-year-old male who was reportedly injured on January 3, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated November 20, 2013, indicates that there are ongoing complaints of back pain radiating to the bilateral lower extremities as well as complaints secondary to an inguinal hernia. Current medications are stated to include Valium, Kadian, Norco, Toradol and Neurontin. The physical examination demonstrated loss of lordosis with straightening of the lumbar spine. There was decreased lumbar spine range of motion and paravertebral muscle spasms as well as tenderness. Trigger points were identified with radiating pain and a twitch response along the lumbar paraspinal muscles on both the right and left sides. There was a positive bilateral straight leg raise test and decreased sensation over the lateral calf on the left side. The current treatment plan included an magnetic resonance image of the lumbar spine and a referral to a general surgeon for hernia evaluation. Further physical therapy was also recommended. Previous treatment includes a peripheral nerve injection, a piriformis injection and a percutaneous disc decompression at L5 - S1. A request had been made for Valium and was not certified in the pre-authorization process on November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG #45: 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: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. A review of the prior medical records indicates that the injured employee was already tapering their use of Valium. Therefore this request for continued use of Valium is not medically necessary.