

Case Number:	CM13-0071087		
Date Assigned:	01/08/2014	Date of Injury:	03/24/2000
Decision Date:	06/11/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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 male who reported an injury on 03/24/2000. The mechanism of injury was a slip and fall. The injured worker reportedly sustained an injury to his low back pain. The injured worker's treatment history included fusion of the L5-S1 with subsequent hardware removal, spinal cord implantation, and multiple medications in an attempt to control chronic pain. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 12/23/2013. It was documented that the injured worker had continued low back pain rated 4/10. The injured worker's medications included Valium for anxiety and muscle spasming, Provigil for sedation, Rozerem for muscle spasming, Zolpidem for sleep, Colace for constipation, Senokot for constipation, Wellbutrin for mood and pain relief, ranitidine for heartburn, Testim gel for low testosterone related to chronic opioid use, and morphine sulfate SR for long-acting pain relief, and Norco for breakthrough pain. The injured worker's diagnoses included post lumbar laminectomy syndrome, lumbar radiculopathy status post spinal cord stimulator implantation, medial meniscus tear, lower leg pain in joint, and knee pain. The request was made for continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 23.

Decision rationale: The requested Valium 5 mg #40 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines due to a high risk of physiological and psychological dependence. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 02/2013. As the injured worker has been on this medication for an extended duration, continued use would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Valium 5 mg #40 is not medically necessary or appropriate.