

Case Number:	CM14-0008019		
Date Assigned:	02/07/2014	Date of Injury:	03/24/2000
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

The injured worker is a 50-year-old male who reported an injury on 03/24/2000 after a backwards fall down a concrete step. The injured worker's treatment history included L5-S1 fusion, ulnar nerve decompression, and arthroscopic surgical meniscectomy of the left knee. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for abnormal behavior with urine drug screens. The injured worker was evaluated on 12/23/2013. The injured worker's medications included Valium 5 mg, Norco 10/325 mg, Testim 1%, Provigil 200 mg, Colace 250 mg, Neurontin 600 mg, ranitidine 150 mg, Rozerem 8 mg, and Senokot 187 mg, Wellbutrin 150 mg, morphine sulfate 15 mg, and Voltaren 1% gel. It was documented that the injured worker had a 4/10 to 5/10 pain rating, with no problems or side effects. It was documented that the injured worker's Valium allowed the injured worker functional benefit and the ability to work four (4) days per week. Physical findings included tenderness to palpation of the lumbar spine and limited range of motion secondary to pain. The injured worker's diagnoses included post lumbar laminectomy syndrome, lumbar radiculopathy, status post permanent spinal cord stimulator implantation, pain in lower leg, knee pain, a medial meniscus tear. The injured worker's treatment plan included tapering of the Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Benzodiazepines, 24

Decision rationale: The Chronic Pain Guidelines do not recommend the long term use of benzodiazepines as there is a high risk for physiological and psychological dependence. It is recommended that use be limited to a duration not to exceed four (4) weeks. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 12/2012. The clinical documentation does indicate that the injured worker has undergone a trial of a weaning period with this medication; however, there has been an increase in pain and symptoms. Due to the significant risk of continuing this medication, additional use would not be appropriate. Also, the request as it is submitted does not contain 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 #24 is not medically necessary or appropriate.