

Case Number:	CM14-0108484		
Date Assigned:	08/01/2014	Date of Injury:	08/31/1996
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/12/2014

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 Internal 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:

The injured worker is a 57 year old woman with reported date of injury on August 31, 1996. Provided records include a disability rating dated and evaluation by neurosurgery on December 12, 2013. Urine drug tests were available for review, dated March of 2014 and December of 2013. No other records were available. The injured worker has a diagnosis of chronic pain syndrome, myofascial pain and radiculopathy documented in a utilization review provided in the records. In the neurosurgery evaluation dated December 12, 2013, the provider documented an L3 sub-acute compression fracture but no evidence of neural compromise or other surgical indications in the spine. The injured worker complained of pain in many areas of her body and is noted to be tearful and "histrionic". She was inconsolable and wondering why the doctor was "doing nothing" for her. The injured worker was offered referral to Interventional Radiology for a vertebroplasty / kyphoplasty. The urine drug screen from December 12, 2013 shows that the patient was positive for benzodiazepines, which were prescribed, and for opioids, which were not noted to be prescribed. The urine drug screen from March of 2014 documented that the patient was positive for benzodiazepine metabolites and the injured was not prescribed these. The Utilization Review for the request for Valium documents that the patient is being treated with Valium for anxiety and sleep issues. The injured worker is noted to have required an approval for Pristiq, an anti-depressant, in the past. The request is for Valium 5 mg, two tablets, # 90, with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Valium 5mg tablets by mouth every 8hrs, #90, with 1 refill for symptoms related to the lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker clearly has a diagnosis of chronic pain syndrome due to non-malignant disorder. As such, the chronic pain treatment guidelines apply. Long term use of benzodiazepines is associated with the risk of dependence physically and psychologically. Appropriate psychological management is a cornerstone of treatment of chronic pain syndrome particularly with diagnosed comorbid psychiatric disorder. Psychological referral and formal psychiatric care may be indicated as well in select cases. Benzodiazepines are not recommended chronically for insomnia. The nature of the insomnia and the possible causes has not been addressed in the provided documentation. It is important to rule out medication or biological causes of insomnia. Further, it is important to rule out obstructive sleep apnea in an overweight person, as in the case of the injured. Additionally, sleep hygiene has not been addressed, which is a first line measure in the management of insomnia. As such, none of the patient's clinical conditions warrant a long term prescription of benzodiazepines. Medical necessity of this request has not been established.