

Case Number:	CM14-0013290		
Date Assigned:	02/26/2014	Date of Injury:	07/22/1996
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/03/2014

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 61 year old male injured on 07/22/96 due to an undisclosed mechanism of injury. Current diagnoses include chronic lumbar radiculopathy, neurogenic bladder, and chronic cervical spine and lumbar spine sprain/strain. The clinical documentation indicates the injured worker reports constant neck and low back pain with associated bilateral leg numbness and pain. Objective findings include tenderness to palpation in the neck and low back, 4/5 strength in arms and legs, and reduced sensation to touch in legs. The documentation is handwritten and difficult to decipher. Treatment plan includes monthly evaluation, Oxycontin for chronic pain, and Valium PRN for spasms. The initial request for Valium 10mg #120 was initially non-certified on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the four week treatment window. As such, the request is not medically necessary and appropriate.