

Case Number:	CM14-0014310		
Date Assigned:	04/09/2014	Date of Injury:	02/01/2001
Decision Date:	05/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 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 53-year-old male who reported a work related injury on 02/01/2001 due to a fall. The injured worker reportedly sustained low back, left groin, and a right knee injury. The injured worker underwent a left total hip replacement on 09/15/2003 and a right total hip replacement on 02/26/2004. Recent clinical documentation stated the injured worker underwent physical and aquatic therapy, a TENS unit, and a variety of pain medications that helped somewhat. He rated his pain as 8/10 without medications and 1/10 to 2/10 with medications. A request was made for Valium 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES Page(s): 24.

Decision rationale: The clinical note dated 01/13/2014 stated that the injured worker continued to use his Norco and Valium sparingly as prescribed. It was noted the medications were controlling some, but not all, of the pain symptoms. It was reported that the injured worker had decreased the use of Valium and that this medication helped with his muscle spasms. California Medical Treatment Guidelines state that 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 of benzodiazepines to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker was noted to be prescribed Valium since at least 10/2013. Therefore, the request for Valium does not meet guideline criteria for benzodiazepines. As such, the request for Valium 10MG, #30 is non-certified.