

Case Number:	CM14-0017014		
Date Assigned:	03/07/2014	Date of Injury:	06/20/2012
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 46 year-old male who is reported to have sustained work related injuries on 06/20/12. The patient is reported to have sustained a back injury that ultimately resulted in fusion at L4/5. Intra-operatively, and L5/S1 disc herniation was identified. Records indicate the patient was prescribed Valium for sleep and muscle spasm. The records indicate the patient wakes 3 to 4 times per night despite the use of this medication. Records indicate the patient was returned to surgery on 01/02/14 and underwent a PLIF with instrumentation at L5/S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG, 1 BY MOUTH AS NEEDED: Upheld

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

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

Decision rationale: The patient is a 46 year-old male who is reported to have sustained work related injuries on 06/20/12. The patient is reported to have sustained a back injury that ultimately resulted in fusion at L4/5. Intra-operatively, and L5/S1 disc herniation was identified. Records indicate the patient was prescribed Valium for sleep and muscle spasm. The records

indicate the patient wakes 3 to 4 times per night despite the use of this medication. Records indicate the patient was returned to surgery on 01/02/14 and underwent a PLIF with instrumentation at L5/S1. Per CA MTUS Valium is 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. The records further indicate that despite the chronic use of this medication the patient continues to have a disrupted sleep pattern failing to establish the efficacy of this medication. Continued use is not supported under CA MTUS.