

<b>Case Number:</b>	CM14-0018716		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	04/27/1999
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Florida. 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 52 year old female who reported a lower back injury from lifting on 04/27/1999. Within the clinical note dated 01/10/2014 the injured worker reported pain radiating from her low back down to her lower extremities. The physical and surgical history includes multiple spinal surgeries and fusions, morphine pump installation, failed back syndrome, and residual bilateral S1 radiculopathy. The physical exam reported lumbar flexion was 20 degrees, extension was 10 degrees, and there was tenderness to palpation over the sacroiliac spine. The provider noted the injured worker needed to replace the chair lift as they had one in the past and the current chair was eight years old. The request for authorization was dated 01/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHAIR LIFT REPLACEMENT:** 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), TWC Guidelines Web -- Knee & Leg (Acute & Chronic) Updated 1/20/14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Devices.

**Decision rationale:** The request for a chair lift is not medically necessary. The Official Disability Guidelines recommend durable medical devices generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The chair lift would be considered an environmental modification. There was a lack of documentation indicating the injured worker's current chair lift was not functioning and was unable to be repaired. Hence, the request is not medically necessary.

**PRESCRIPTION OF VALIUM 5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

**Decision rationale:** The request for Valium 5mg #30 is not medically necessary. The CA MTUS guidelines note 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. The injured worker has a documented use of Valium for an extended period of time and exceeds the recommended period benzodiazepines should be used. In addition, within the provided documentation it did not appear the injured worker had any sleep disturbance or anxiety. The efficacy of the medication was unclear within the provided documentation. Hence, the request is not medically necessary.