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| Case Number: | CM14-0019471 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 01/22/2003 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/17/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 and Rehabilitation 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:

According to the records made available for review, this is a 69-year-old male with a 1/22/03 date of injury. At the time (12/10/13) of request for authorization for Valium (Diazepam) 10 mg #30 1-2 tablets daily as needed, there is documentation of subjective (moderately severe constant pain) and objective (difficulty rising from a seated position, restricted lumbar range of motion, antalgic gait, and decreased sensation in the L4 and L5 dermatomes) findings, current diagnoses (lumbar radiculopathy and lumbar degenerative disc disease), and treatment to date (medications including valium). There is no documentation of the intention to treat over a short course; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Valium (Diazepam) use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM (DIAZEPAM) 10 MG #30 1-2 TABLETS DAILY AS NEEDED: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar degenerative disc disease. However, given documentation of ongoing treatment with Valium (Diazepam), there is no documentation of the intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Valium (Diazepam) use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium (Diazepam) 10 mg #30 1-2 tablets daily as needed is not medically necessary.