

Case Number:	CM14-0128377		
Date Assigned:	08/15/2014	Date of Injury:	01/03/2006
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 injured worker is a 38 year old male who was injured on 01/03/06. The injury occurred when he stepped on a nail that went through his boot and the bone in his left foot. The wound subsequently became infected and he presented to facility for treatment. He was seen by a podiatrist who has performed multiple surgeries, to include removing bone and nerves and amputated part of two toes. He states that he has had surgeries. He was diagnosed with reflex sympathetic dystrophy in 2008 or 2009. In 2009 while at physical therapy he injured his back. He had spinal blocks and Xrays which he says showed pulled muscles. The injured worker states he has had at least ten epidural steroid injections which do not stop the pain. The most recent clinical record submitted for review is dated 03/19/14. The injured worker is there for follow up back and left foot pain. Low back pain is radiating down the medial aspect of his left lower extremity to his foot. It is an 8 on a scale of 0 to 10, comes down to a 4/10 with current medication regimen. It allows him to be somewhat functional and active and that he can carry out activities of daily living in the home such as cooking, cleaning, laundry, and self hygiene on an independent basis. Current medications Norco 10/325 milligrams six times a day, Cymbalta 60 milligrams once day, and 20 milligrams once day, Meloxicam 15 milligrams once daily, Valium 10 milligrams twice daily, Prilosec 20 milligrams twice daily. Physical examination ongoing tenderness throughout the lumbar paraspinal muscles with positive left leg lift. Ongoing hypersensitivity to the left foot and ankle with erythema and temperature changes with hypersensitivity. Diagnoses left foot pain with concomitant reflex sympathetic dystrophy (RSD) and low back pain. MRI of the lumbar spine reported circumferential disc bulge, spurring, and facet changes at L5 to S1 with severe impingement of the L5 nerve root, right disc extrusion at L2 to L3 with moderate foraminal narrowing and possible impingement of the L2 nerve root, multiple level degenerative changes. Prior utilization on 07/29/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60 with 1 refill: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to four 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 patient has exceeded the four week treatment window. As such, the request for this medication cannot be recommended at this time.