

Case Number:	CM14-0128704		
Date Assigned:	08/18/2014	Date of Injury:	03/13/2012
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation 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 45 year old male who had an injury resulting in low back symptoms on 03/13/2012. The mechanism of injury is not documented. The injured worker was diagnosed with lumbar disc herniation at L5-S1 as per MRI, left sided with a left L5 nerve root encroachment, lumbar strain and reported dysesthesias right and left hands without clinical findings. MRI dated 04/28/12 noted disc desiccation, mild loss of disc height posteriorly and a 2 mm broad based posterior protrusion at the L5-S1 level, which extends into the inferior aspect of the left neural foramen and abuts the exiting left L5 nerve root and causes mild to moderate left neural foraminal narrowing. He was certified to undergo L5-S1 transforaminal lumbar interbody fusion in December 2013. The injured worker did not feel that he was ready to move forward with surgery. He requested authorization for a second opinion. On 07/18/14 the injured worker presented for follow up. Pain was rated as 7.5/10 with medication. He states that the Norco provided 20-40% relief. He has had physical therapy that did not help. He reports some constipation. Leg pain was constant. On physical examination numbness was present to pinprick. Range of motion was decreased. Valium was prescribed for acute spasm associated with radicular pain but was not issued for pain. The injured worker has been authorized for and is pending lumbar spine surgery. Prior utilization review on 07/29/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Chapter: Benzodiazepines.

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

Decision rationale: As noted on page 24 of 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 4 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 4 week treatment window. As such, the request for this medication is not medically necessary.