

Case Number:	CM14-0149092		
Date Assigned:	10/17/2014	Date of Injury:	08/30/2010
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/30/10 when, while he was pulling a box of tools on wheels, he had intense low back pain. Treatments included medications and physical therapy. Testing included an MRI of the lumbar spine and EMG/NCS testing. On 04/28/11, the claimant underwent a Multilevel Lumbar Laminectomy. Subsequent treatments included physical therapy and medications. He was seen on 06/09/14. He was having low back pain rated at 8/10 radiating into the legs with numbness and tingling. He had developed anxiety, depression, and was having difficulty sleeping. Medications included Diazepam 10 mg, Gabapentin 600 mg #90, Nucynta ER 50 mg, Wellbutrin 100 mg, Adderall 10 mg, Glimepiride 2 mg, and Mentherm Ointment. Physical examination findings included an antalgic gait with decreased lumbar spine range of motion. There was paraspinal muscle tenderness and spasm. He had positive facet loading and a positive right straight leg raise. There was decreased right lower extremity sensation. Authorization for a functional restoration program was requested. He was seen by the requesting provider on 09/04/14. He had ongoing low back pain rated at 8/10. There had been an increase in pain after medications were decreased. Physical examination findings appear unchanged. His medications were refilled and he was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 MG 30 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed, McGraw Hill, 2010

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

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic low back pain. Valium (Diazepam) is a Benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. Gradual weaning is recommended for long-term users. Therefore, the continued prescribing of Valium was not medically necessary.