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| Case Number: | CM14-0155438 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 08/11/2008 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Family Medicine 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:

This is a 57-year-old male who reported an industrial injury on 8/11/2008, over six (6) years ago, attributed to the performance of his usual and customary job tasks as a [REDACTED] patrolman. The employer has accepted the low back and abdomen/groin for this industrial injury. The AME provided recommendations for future medical care to the lower back, which included pain medication, therapy, injections, possible future surgery, and a possible detoxification program. The patient was also counseled to quit smoking. The patient was noted to have superficial venous thrombosis. The patient's treating physician reported that the superficial venous thrombosis was related to his lumbar spine condition. The treating diagnoses included superficial vein thrombosis and lumbar strain. The patient was to continue pain management. Patient was recommended to have surgical intervention for the venous thrombosis. On preoperative clearance the patient was noted to have right anterior medial five superficial venous thrombosis. The objective findings on examination included granulation on the left anterior groin with slight local redness; no groin cellulitis; local tenderness; mild maceration but good hygiene; tenderness of the cords of the right anterior thigh; discomfort to the knee; ambulatory; no gross pretibial edema. The preoperative diagnoses included lumbar strain with lumbar spine DDD and degenerative joint disease status post fusion; chronic pain; opioid tolerance; lumbar sprain treatment plan; and to proceed with surgical intervention. The patient was prescribed diazepam 5 mg #30 and clindamycin 300 mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Benzodiazepines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; benzodiazepines

Decision rationale: The prescription of Valium/Diazepam 5 mg #30 for the treatment of insomnia and anxiety is inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines. The use of Valium is associated with abuse, dependence; significant side effects related to the psychotropic properties of the medication and is not recommended by the CA MTUS. The prescription of Valium for sleep or anxiety is not recommended due to the potential for abuse and the long half-life of the medication. Alternative medications are readily available for insomnia. The treatment of insomnia is not documented by the provider. No over the counter or other remedies were prescribed prior to prescribing a benzodiazepine. There is no documented alternative treatment with diet and exercise or evaluation of sleep hygiene. The prescription of Diazepam/Valium for this patient is not recommended due to the potential for abuse and the 24-hour half-life of the medication. Alternative medications are readily available. The patient was prescribed diazepam 5 mg #30 preoperatively prior to a surgical intervention or a superficial venous thrombosis. There was no rationale supported by objective evidence to support the medical necessity of the prescribed benzodiazepine. There is no clinical documentation with objective findings on examination to support the medical necessity of Diazepam. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with Diazepam. There is no demonstrated medical necessity for the prescribed Valium/Diazepam 5 mg #30.