MAXIMUS Federal Services

Case Number:	CM14-0165244		
Date Assigned:	10/10/2014	Date of Injury:	05/06/2011
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Pain 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:

The injured worker is a 56 years old female that reported an injury on 05/06/2011. The mechanism of injury was noted to be cumulative to 05/06/2011, attributed to prolonged sitting and driving a bus. The injured worker's diagnoses included degenerative spondylolisthesis at L4-5, associated with subarticular stenosis, degenerative spondylolisthesis, L5-S1 with severe stenosis, no clear neurologic deficit on examination. The injured worker was previously treated with medication, physical therapy and epidural steroid injection. On the clinical note dated 08/27/2014, the injured worker complained of low back and predominant right leg pain, numbness involving both legs, particularly the 2nd and 3rd toes. The pain was generally worse with sitting and driving. The injured worker had lumbar range of motion at 50 degrees flexion and 10 degrees extension with pain and straight leg raise test was positive on the right side over 45 degrees, with reproduction of the buttock and thigh pain. The injured worker's medication regimen included Lyrica 75mg in the morning and 150mg in the evening, hydrocodone, Duexis, and Valium (frequencies and dosages not provided). The treatment plan was for valium 2mg. The rationale for the request was not provided. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

Decision rationale: The request for Valium 2mg is not medically necessary. The injured worker complained of low back and predominant right leg pain, numbness involving both legs, particularly the 2nd and 3rd toes. The California MTUS guidelines state the use of benzodiazepines are not recommended for long term use due to their long term efficacy is unproven and there is risk of dependency. The guidelines limit use to 4 weeks. The chronic use of benzodiazepines are the treatment choice of very few conditions. Tolerance to these medications develops rapidly. The injured worker reports continued pain to lower back, with numbness, weakness and pain to her right leg. There was a lack of documentation of information regarding pain relief including the average pain, intensity of pain or longevity of pain both before, during and after taking the requested medication. Additionally, the request does not indicate the frequency or quantity of the medication. As such, the request for valium 2mg is not medically necessary.The request for Valium 2mg is not medically necessary. The injured worker complained of low back and predominant right leg pain, numbness involving both legs, particularly the 2nd and 3rd toes. The California MTUS guidelines state the use of benzodiazepines are not recommended for long term use due to their long term efficacy is unproven and there is risk of dependency. The guidelines limit use to 4 weeks. The chronic use of benzodiazepines is the treatment choice of very few conditions. Tolerance to these medications develops rapidly. The injured worker reports continued pain to lower back, with numbness, weakness and pain to her right leg. There was a lack of documentation of information regarding pain relief including the average pain, intensity of pain or longevity of pain before, during, and after taking the requested medication. Additionally, the request does not indicate the frequency or quantity of the medication. As such, the request for valium 2mg is not medically necessary.