

Case Number:	CM14-0173793		
Date Assigned:	10/28/2014	Date of Injury:	02/15/1996
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 Interventional Spine 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 patient is a 52-year-old female with date of injury of 02/15/1996. The listed diagnoses per [REDACTED] from 06/12/2014 are: 1. Patellofemoral chondromalacia. 2. Knee arthritis syndrome. 3. Lumbar disk herniation. According to this handwritten report, there have been no changes in the patient's low back pain. She continues to have radiating pain down both legs and toes. The examination from 08/05/2014 shows myospasms in the lower back. There is decreased range of motion in the lumbar spine. Left knee is stable. The records include handwritten reports from 06/12/2014 and 08/05/2014 and a toxicology report from 06/12/2014. The utilization review denied the request on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg for a 30 day supply (Rx date unknown) QTY: 60: 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: This patient presents with low back pain. The physician is requesting Valium 10 mg, quantity 60. The MTUS Guidelines page 24 on benzodiazepines states, "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 week. The records show that the patient was prescribed valium on 06/12/2014. In this case, MTUS does not support the long-term use of benzodiazepines. Therefore, Valium 10mg for a 30 day supply (Rx date unknown) QTY: 60 is not medically necessary.