

Case Number:	CM14-0021672		
Date Assigned:	05/05/2014	Date of Injury:	08/22/2003
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 patient is a 63 year old male with a date of injury of 08/22/2003. Per the treating physician's report dated 01/13/2014, the patient's presenting symptoms are failed low back pain syndrome with bilateral lower extremity pains. The patient's pain is at 8/10 to 9/10 with radiation to both legs. The patient is on Celebrex, Percocet, and Valium to manage his pain. The patient has not resumed BuTrans due to denial. "He feels the other medications do a good enough job". Medications will reduce the patient's pain to around 5/10. The patient was seen for another series of injections including facets and epidurals. Under current medications, Valium is listed as 5 mg 1 pill t.i.d. p.r.n. Listed diagnoses are: Failed low back pain syndrome with continued multimodality pain; Lumbar facet osteoarthritis confirmed by MRI, significant relief from transforaminal epidural steroid injection; Situational depression; Lumbar radiculopathy. This request was denied by utilization review letter dated 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5 MILLIGRAMS(MG) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS(AEDS).

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

Decision rationale: This patient presents with chronic low back pain and lower extremity pain with a diagnosis of failed back surgery syndrome. The request is Valium 5 mg to be taken 3 times a day on as needed basis. Medical records provided for review show that this patient has been on Valium on a long-term basis documented on multiple progress reports. In regards to Benzodiazepine in chronic pain, the MTUS Chronic Pain Guidelines only recommend short-term use. Long-term use of benzodiazepine is not supported. In this case, review of the multiple reports including 01/13/2014 and 02/21/2014 reports show that the patient is prescribed Valium 5 mg at 3 times a day on as needed basis and the current request is for #90. Given the lack of support from MTUS Guidelines for long-term use of Valium, the request is not medically necessary and appropriate.