

Case Number:	CM14-0023975		
Date Assigned:	06/11/2014	Date of Injury:	01/03/2003
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 Physician 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 37 year old male who was injured on 01/03/2013. Mechanism of injury is unknown. Prior treatment history has included medications as: Valium 10 mg, Kadian 20 mg, Neurontin 600 mg, Norco 10/325 mg, Toradol 10 mg. Progress note dated 01/15/2014 documents the patient with complaints of low back pain radiating from the low back down both legs. The patient rates the pain as 8/10. Also he complains of inguinal pain and he rates this pain 10/10. Objective findings on examination reveal that the patient appears to be depressed, fatigued and in severe pain. Lumbar spine examination reveals loss of normal lordosis with straightening of the lumbar spine. The range of motion is restricted with flexion limited to 25 degrees, extension 50 degrees, lateral rotation to the left 50 degrees and lateral rotation to the right limited to 45 degrees. On palpation there is muscular spasm and tenderness with tight muscle band noted on both sides. Patient cannot do heel-toe walk. Sensory examination indicates decreased sensation to pinprick over the left calf on the left side. Also, there is dyesthesias over the lateral calf on the left side. Straight leg raising test is positive bilaterally. The abdominal examination for the groin pain reveals severe tenderness on palpation, positive for inguinal hernia. There is an old incisional scar to right groin noted. Diagnoses: 1. Sciatic nerve lesion 2. Lumbar radiculopathy 3. Chronic back pain 4. Spasm of muscle Treatment Plan: The patient is to continue Valium for ongoing anxiety, continue Kadian for long-acting pain relief, and continue Neurontin, Norco and Toradol. The patient has been prescribed Valium 10 mg since at least 10/02/2012 indicated by the medical records. Utilization report dated 01/28/2014 indicates that the request for Valium 10 mg #45 has been submitted. The requested drug is denied as the review of medical records indicated that the patient was in the process of tapering off of this medication therefore the request for 1 prescription of Valium 10 mg #45 is certified

with modification to 1 prescription of Valium 10 mg #17 with the remaining 28 tablets not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VALIUM 10MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

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

Decision rationale: According to the California MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit their use to 4 weeks. Tolerance to hypnotic effects develops rapidly, so antidepressants are more appropriate for anxiety treatment. The available medical records document that the injured worker has been prescribed this medication since at least 2012, which is not recommended. Although chronic benzodiazepines are the treatment of choice in very few conditions, the medical records do not address any. Therefore, the medical necessity of the requested Valium 10 mg #45 has not been established according to the guidelines.