

Case Number:	CM14-0031075		
Date Assigned:	06/20/2014	Date of Injury:	08/19/2004
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 54-year-old male who was injured on August 19, 2004. The mechanism of injury was not listed in these records reviewed. A note, dated January 15, 2014, indicated that there were ongoing complaints of low back pain and right shoulder pain. The physical examination demonstrated multiple trigger points and spasms of the lumbar spine. There was decreased and painful lumbar spine range of motion and a positive straight leg raise test at 50 on the left and 60 on the right. There was decreased sensation at the bilateral, L5 and S1 nerve distributions. The treatment plan on this date included trigger point injections of the lumbar spine, refills of oxycodone, Norco, Soma, Valium and Relpax. There was also a recommendation for the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and chronic pain management. Diagnostic imaging studies objectified diffuse degenerative changes as well as small disc bulges at L4 - L5 and L5 - S1 without spinal or neuroforaminal stenosis. Previous treatment includes steroid injections to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Valium is a benzodiazepine not recommended for long term use, due to unproven long term efficacy and the risk of psychological and physical dependence. Tolerance to this medication develops rapidly, within 3 to 14 days. This prescription for Valium is written for 90 tablets, which exceeds a 3 to 14 day use by a large margin. Additionally, there is no documentation in the medical record of previous efficacy achieved by the use of this medication. For these reasons, this request for Valium is not medically necessary.