

Case Number:	CM14-0033456		
Date Assigned:	06/20/2014	Date of Injury:	03/23/2009
Decision Date:	08/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 03/23/2009. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back and ultimately underwent spinal surgery at the L5-S1 on 02/03/2014. The injured worker was evaluated on 03/10/2014. It was documented that the injured worker had feelings of anxiety and emotional distress regarding chronic physical limitations. The injured worker's treatment plan included cognitive behavioral therapy and medication management. A request was made for a refill of Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 MG Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The clinical documentation submitted for review indicates that the injured worker has been on this medication for an extended duration of time. The California Medical

Treatment Utilization Schedule does not recommend the use of benzodiazepines in the management of chronic pain or for long durations of treatment and for anxiety related to chronic pain. Treatment duration is recommended to be limited to 2 to 3 weeks due to a high risk of physiological and psychological dependency. The patient has already been on this medication for an extended duration; therefore continued use would not be indicated. Furthermore, the request as submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Valium 5 mg # 30 is not medically necessary.