

Case Number:	CM14-0033576		
Date Assigned:	06/20/2014	Date of Injury:	04/06/1999
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
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 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 injured worker is a 42-year-old male with a reported date of injury on 04/06/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with lumbar lumbosacral pain. The injured worker presented with lumbar postfusion syndrome, chronic radicular pain, regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Physical therapy and conservative care was not provided within the documentation available for review. On physical examination, the injured worker utilized a walker, left leg tremulous, and the injured worker avoided weight bearing on the left leg as much as possible. Previous physical therapy and conservative care was not provided within the clinical documentation provided for review. The injured worker's diagnoses included lumbar postlaminectomy syndrome, anxiety, and depressive disorder. The injured worker's medication regimen included Skelaxin, Cymbalta, Diazepam, Oxycodone, Flector patches, DSS, Senna, Neurontin, Ambien, Methadone, Trazodone, Percocet, and Lisinopril. The Request for Authorization for 1 Valium, 10 mg tablets 3 times a day #90 for anxiety due to lumbar spine injury, as an outpatient, was submitted on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Valium, 10mg tab tid #90 for anxiety due to lumbar spine injury, as an outpatient:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines state that benzodiazepines are 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 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. According to the clinical documentation provided for review, the injured worker has utilized Valium prior to 05/2013. The clinical information, lacked documentation in the long-term therapeutic benefit in the utilization of Valium. In addition, the guidelines do not recommend benzodiazepines for long-term use. Most guidelines limit use to 4 weeks. Therefore, the continued request for the utilization of Valium exceeds the recommended guidelines. Therefore, the request for 1 Valium, 10 mg tablets 3 times a day #90 for anxiety due to lumbar spine injury, as an outpatient, is not medically necessary.