

Case Number:	CM14-0039198		
Date Assigned:	06/27/2014	Date of Injury:	08/22/2003
Decision Date:	07/21/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63 year old male with an 8/22/03 date of injury. At the time (2/21/14) of request for authorization for 1 prescription of Valium 5mg #90 with 3 refills, there is documentation of subjective (chronic low back pain radiating to the legs) and objective (tenderness to palpation over the lumbar spine with tightness and trigger points, decreased range of motion, decreased sensation in the bilateral anterior and posterior legs down to the ankles, and 4 out of 5 strength in the lower extremity groups) findings, current diagnoses (failed low back syndrome with continued multimodality pain, lumbar facet osteoarthritis, and lumbar radiculopathy), and treatment to date (Valium since at least 11/22/13). There is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Valium 5mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Valium: Benzodiazepines.

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

Decision rationale: The MTUS Chronic Pain Guidelines identifies that Benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of failed low back syndrome with continued multimodality pain, lumbar facet osteoarthritis, and lumbar radiculopathy. However, given documentation of ongoing treatment with Valium since at least 11/22/13, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Valium. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Valium 5mg #90 with 3 refills is not medically necessary and appropriate.