

Case Number:	CM14-0040439		
Date Assigned:	06/27/2014	Date of Injury:	09/29/2011
Decision Date:	07/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions with have resulted in the applicant's removal from the workplace. In a Utilization Review Report dated February 27, 2014, the claims administrator approved a request for Norco and Neurontin while denying a request for Valium. The applicant's attorney subsequently appealed. In a progress note dated February 13, 2014, the applicant was described as having persistent complaints of low back pain radiating to the left leg. The applicant was using medical marijuana, Norco, Naprosyn, nightly Valium, and Neurontin. The applicant was status post a microdiscectomy in 2012, it was acknowledged. A variety of medications are refilled. The applicant was apparently also pursuing a spinal cord stimulator trial. The applicant was described as using Valium on a nightly basis in an earlier progress note of January 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purposes, either for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. In this case, moreover, the attending provider has not clearly stated why Valium is being continued on a scheduled, nightly-use basis. No compelling rationale has been furnished so as to make a case for a variance from the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.