

Case Number:	CM14-0043446		
Date Assigned:	07/02/2014	Date of Injury:	10/26/2005
Decision Date:	09/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/10/2014

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:

This is a 47-year-old female with a date of injury of 10/26/05. The mechanism of injury was not noted. On 3/12/14, she was prescribed Valium 5mg #1, to be given 1 hour prior to procedure. On 2/26/14, she complained of chronic low back pain. The pain level fluctuates around 4/10. She has intermittent stabbing pain that runs down the back of the left leg towards the calf. She has no symptoms in the right lower extremity. She takes Diclofenac and Tramadol as needed. She has been in physical therapy, which she states is very beneficial. One exam there was mild tenderness around the L4 with palpation. She is having radicular symptoms down the left lower extremity in an S1 distribution. The diagnostic impression is lumbar degenerative disc disease, lumbar radiculopathy and lumbar herniated disc disease. Treatment to date includes chiropractic therapy, physical therapy, yoga therapy, and medication management. A UR decision dated 3/13/14 modified the request for Valium (unspecified dosage, quantity, and number of refills), to Valium 5mg #60, for weaning purposes only. The Valium was denied because this medication is an "N" drug on the Official Disability Guidelines formulary. There is no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the patient than a "Y" drug on the Official Disability Guidelines formulary. Also, this medication is not recommended for long-term use due to unproven long-term use and risk dependence. The request was modified to allow a weaning period to avoid the risk for withdrawal from this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (Unspecified Dosage, Quantity, and Number of Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, it is unclear if the patient is on Valium. There is in the documents provided, a prescription for Valium 5mg #1, with directions of: 1 Valium to be taken 1 hour prior to procedure, on 3/12/14. On 2/26/14, the progress notes provided stated the patient takes Diclofenac and Tramadol as needed. The guidelines do not support the long-term use of Valium due to the risk of dependence and abuse. Chronic Benzodiazepines are the treatment of choice in very few conditions. In addition, the UR modified the Valium (unspecified dosage, quantity, and number of refills) to Valium 5mg #60 to allow for weaning purposes only. Therefore, the request for Valium (unspecified dosage, quantity, and number of refills) is not medically necessary.