

Case Number:	CM14-0054187		
Date Assigned:	09/10/2014	Date of Injury:	08/22/2003
Decision Date:	10/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional Spine 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 patient is a 64 year old male with an injury date on 08/22/2013. Based on the 03/28/2014 progress report provided by [REDACTED], the patient complains of low back pain syndrome with bilateral lower extremity pain. The patient reports a significant level of interference with his activities of daily living. His current medications include Percocet 10/325 mg, Lyrica 75 mg, Valium 5 mg, and Relafen 500 mg. Orthopedic testing was positive for radiculopathy bilaterally. The diagnoses include the following: 1. Failed low back syndrome with continued multimodality pain. 2. Lumbar facet osteoarthritis, confirmed by MRI - significant pain relief from transforaminal epidural steroid injection. 3. Situational depression. 4. Lumbar radiculopathy. [REDACTED] is requesting for Valium 5mg #90 with 3 refills. The utilization review determination being challenged is dated 04/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/26/2013 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #90 with 3 refills: Upheld

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

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

Decision rationale: According to the 03/28/2014 report by [REDACTED], this patient presents with low back pain syndrome with bilateral lower extremity pain. The treater is requesting for Valium 5mg #90 with 3 refills. This request was modified to Valium 5mg #37 between 03/28/2014 and 08/08/2014 by the 04/14/14 utilization review. The utilization review letter states, "Valium appears to have been prescribed since October 2012." The MTUS Guidelines page 24 states, "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." In this case, review of records dating from 07/19/2013 to 03/28/2014, indicates this patient been on Valium. Furthermore, the treating physician does not state that this is for a short-term use. There is no discussion regarding what the goals are for the use of this risky medication including an end point. Only short-term use of this medication is recommended. The request is not medically necessary.