

Case Number:	CM14-0062651		
Date Assigned:	07/11/2014	Date of Injury:	03/21/2006
Decision Date:	09/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 44 year-old male who reported an injury on 03/21/2006. The diagnosis is lumbago. The surgical history included a lumbar spine laminectomy and discectomy, a lumbar fusion, a left sided L4-5 hemilaminectomy and discectomy, and revision of the left L4-5 hemilaminectomy, discectomy, and foraminotomy. Prior testing included an MRI and EMG/NCV. The injured worker had a CT of the lumbar spine. The exact mechanism of injury was not provided. Prior therapies included physical therapy, and epidural steroid injections as well as facet and nerve block injections. The injured worker's medication history included Benzodiazepines at least since 01/2013. The documentation of 03/28/2014 revealed the injured worker had an epidural steroid injection on 02/10/2014 and did not have pain relief. The injured worker's current medications were noted to include Omeprazole, Diazepam, Oxycodone, Docusate Sodium, Senokot, and Fluticasone. The injured worker had increased pain with activities such as doing dishes or outside yard work. The injured worker indicated that lying down and medications helped reduce the pain. The injured worker was noted to have undergone a urine toxicology analysis on 02/26/2014, which was consistent with the medications. The physical examination revealed sensation was reduced in the left anterior thigh and left lateral lower extremity at the L5 dermatome. There were trigger points with tenderness on the left at L4-5 and L5-S1. The diagnosis included chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy, post laminectomy syndrome, and chronic pain syndrome. The treatment plan included the injured worker had tested positive for Diazepam and had a signed opioid agreement. As such the medication Diazepam, Valium 5 mg tablets 1 by mouth every day as needed spasms #60, Oxycodone extended release 40 mg 1 tablet every 8 hours, and Hydrocodone Acetaminophen 10/325, 1 tablet 4 times a day was ordered. There was a Request for Authorization submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend Benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2013. As such, continued use would not be supported. The request submitted failed to indicate the frequency of the requested medication. There was a lack of documented efficacy. Given the above, the request for Valium 5 mg #60 is not medically necessary.