

Case Number:	CM14-0063490		
Date Assigned:	09/03/2014	Date of Injury:	08/25/2000
Decision Date:	10/15/2014	UR Denial Date:	04/10/2014
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 Family Medicine and is licensed to practice in Family Medicine. 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 50-year-old female patient who reported an industrial injury on 8/25/2000, over 14 years ago, attributed to the performance of her usual and customary job tasks as an assistant store manager. The patient was carrying merchandise through the store when she reported pain to her lower back, right leg, and right hip. The patient underwent a micro-discectomy performed during 2001. Patient was diagnosed with low back pain, chronic pain syndrome, and degenerative disc disease of the lumbar spine. The patient has been treated with physical therapy; medications; trigger point injections, and activity modifications. The patient was being prescribed Methadone 10 mg #240; Morphine sulfate ER 60 mg #90; Norco 10/325 mg #180; Oxycodone 30 mg #90; Valium 10 mg #60; and Clonazepam 0.5 mg #90. Patient continues to complain of chronic pain to the lower back and bilateral legs along with dental pain and headaches. The patient was documented to of been prescribed Valium 10 mg since April 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90 qty;2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; benzodiazepines

Decision rationale: The prescription of Valium/Diazepam 10 mg #90 with refill for the treatment of insomnia and anxiety is inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines. The use of Valium is associated with abuse, dependence; significant side effects related to the psychotropic properties of the medication and is not recommended by the CA MTUS. The prescription of Valium for sleep or anxiety is not recommended due to the potential for abuse and the long half-life of the medication. Alternative medications are readily available for insomnia. The treatment of insomnia is not documented by the provider. No over the counter or other remedies were prescribed prior to prescribing a benzodiazepine. There is no documented alternative treatment with diet and exercise or evaluation of sleep hygiene. The prescription of Diazepam/Valium for this patient is not recommended due to the potential for abuse and the 24-hour half-life of the medication. Alternative medications are readily available. There is no clinical documentation with objective findings on examination to support the medical necessity of Diazepam. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with Diazepam. There is no demonstrated medical necessity for the prescribed Valium/Diazepam 10 mg #90 with a refill.