

Case Number:	CM14-0065022		
Date Assigned:	07/11/2014	Date of Injury:	03/10/1999
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 Texas and Ohio. 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 74-year-old female who reported an injury on 03/09/1999. The mechanism of injury was not stated. Current diagnoses include lumbosacral spondylosis without myelopathy and lumbar degenerative disc disease. The injured worker was evaluated on 04/03/2014 with complaints of persistent lower back pain. It is noted that the injured worker has undergone a previous laminectomy. The current medication regimen includes Percocet 10/325 mg, Voltaren Gel, Norco 10/325 mg, and Valium 2 mg. Physical examination revealed tenderness to palpation, sacroiliac joint tenderness, painful and limited lumbar range of motion, and negative straight leg raise bilaterally. Treatment recommendations at that time included prescriptions for Valium 2 mg and tramadol 50 mg. There was no DWC form RFA (request for authorization) submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (Diazepam) 2mg, #28 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As the California MTUS Guidelines do not recommend long term use of benzodiazepines, the current request is not medically appropriate. Therefore, the request is non-certified.