

Case Number:	CM14-0068960		
Date Assigned:	07/14/2014	Date of Injury:	02/25/2008
Decision Date:	09/11/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics and is licensed to practice in New York. 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 46 year old woman with a date of injury of 2/25/08. She was seen by her provider on 4/4/14 with complaints of 10/10 bilateral low back pain with radiation to the left S1 distribution. She required minimal to moderate assist with activities of daily living. Her medications included flector patches, fluoxetine, thermacare and valium. She reported a 70% decrease in pain and spasm with valium with no side effects. Her physical exam showed an antalgic gait favoring the left. She had tenderness to palpation over the paraspinal muscles of the facet and SI joints with trigger points and muscle spasms noted. Surgical scars were well healed. Her diagnoses were post lumbar laminectomy syndrome, displacement of intervertebral disc without myelopathy, fibromyalgia and degeneration of intervertebral disc. At issue in this review is the refill of valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 MG Quantity 60: Upheld

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

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

Decision rationale: Benzodiazepenes 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 injured worker, valium is prescribed for long-term use and given the lack of proven efficacy and risk of dependence, the medical necessity is not substantiated.