

Case Number:	CM14-0074892		
Date Assigned:	07/16/2014	Date of Injury:	05/09/2001
Decision Date:	09/03/2014	UR Denial Date:	04/27/2014
Priority:	Standard	Application Received:	05/22/2014

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 Nevada. 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 54-year-old female who was reportedly injured on May 9, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 9, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The injured employee is following up for a pain pump adjustments. Current medications include morphine, Demerol, Valium, fentanyl, zolpidem, Protonix, Norco, soma, as well as fentanyl, Dilaudid and bupivacane in a pain pump. The physical examination demonstrated an antalgic gait and ambulation with the assistance of a cane. There was tenderness over the lower lumbar spine and pain with lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications and intrathecal pain pump. A request was made for Valium and was not considered medically necessary in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Valium 10mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diazepam, Updated July 10, 2014.

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use. Additionally, there is no recent documentation of improvement in functionality with the use of this medication nor is there a diagnosis of anxiety or panic disorder or documentation of spasms on physical examination. Considering this, the request for Valium is not medically necessary.