

Case Number:	CM14-0185760		
Date Assigned:	11/13/2014	Date of Injury:	03/05/2006
Decision Date:	03/03/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 65-year-old female with a date of injury on 03/05/2006. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 05/22/2014 indicated the diagnoses of thoracic spine strain/sprain, lumbar spine strain/sprain, myofascial pain syndrome, herniated nucleus pulposus at lumbar five to sacral one, status post laminectomy at lumbar five to sacral one, and mild dyspepsia. Subjective findings from treating physician on 09/18/2014 noted an acute exacerbation of pain to the lower back. Physical examination from the same date was remarkable for tenderness to the lumbar musculature with mild to moderate spasms and a decreased range of motion of 45/60 degrees flexion, 10/25 degrees extension with pain at the end ranges. Medical records provided lacked documentation of previous diagnostic studies performed. Prior treatments offered to the injured worker included status post laminectomy at lumbar five to sacral one, urine drug screen, and a medication history of Citalopram, Valium, Vicodin, Prilosec, and Flector Patches. Physician documentation from 09/18/2014 noted that the injured worker's medication regimen provided relief and increased her activities of daily living along with an increase in sleep. However, the medical records provided lacked specific documentation of effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Physician documentation from 09/18/2014 noted a work status of permanent and stationary. On 10/20/2014, Utilization Review non-certified the prescription for Valium 5mg every morning for a quantity of thirty with two refills. The prescription for Valium was noncertified based on California Medical Treatment Utilization

Schedule (MTUS), however the documentation provided did not indicate the reason the prescription for Valium was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg QAM #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24; 124.

Decision rationale: Valium (diazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker was taking this medication for at least several months. There was no discussion describing special circumstances that sufficiently supported long-term use or this request. In the absence of such evidence, the current request for thirty tablets of Valium (diazepam) 5mg with two refills is not medically necessary. Because the potential serious risks outweigh the benefits as described in the submitted documentation, the worker should be able to complete a wean with the medication already available to the worker.