

Case Number:	CM14-0189449		
Date Assigned:	11/20/2014	Date of Injury:	08/19/2004
Decision Date:	02/25/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

Injured worker is a 54 year old male with date of injury 06/19/2004. Date of the UR decision was 10/30/2014. Per report dated 5/14/2014, the injured worker presented with chief complaint of chronic low back pain rated at 8/10 with right lower extremity pain. Exam of the lumbar spine revealed spasm, painful range of motion, as well as limited range of motion. Positive Lasegue bilaterally, positive straight leg raising on the right to 50 degrees and on the left to 60 degrees. Decreased sensation bilaterally at L4-5 and L5-S 1. Pain bilaterally at L4-5 and L5-S 1. Positive trigger points were elicited bilaterally. Per report dated 7/22/2014, he continued to report chronic low back pain and was being prescribed Oxycodone 60 mg three times daily Norco four times daily, Relpax 40 mg one tablet at onset of headache #7, Zantac 300 mg one daily #30, and Valium 10 mg three times daily #90. Home exercise program, TENS/EMS unit, chronic pain management were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,68,78,80. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Treatment Index, 12th Edition (web), 2014, Head-Triptans Physician's Desk Reference (PDR), 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium 10 mg three times daily on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Valium 10mg #90 is not medically necessary as benzodiazepines are not recommended for long term use.