

Case Number:	CM14-0190065		
Date Assigned:	11/21/2014	Date of Injury:	05/19/2005
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. 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:

Records reviewed include 260 pages of medical and administrative records. The injured worker is a 60 year old male whose date of injury is 05/19/2005 due to lifting an 80lb block of sheetrock. His primary diagnoses are lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis unspecified. He was also diagnosed with major depressive disorder single episode chronic. He was receiving cognitive behavioral therapy. A progress note of 04/09/14 shows that the injured worker was taking Valium at that time. Each progress note from that date forward through 10/27/14 was essentially the same; that the injured worker had benefit from Valium for muscle spasms, anxiety, and occasional panic attacks. He was using it on an as needed basis, occasionally needing more due to increased anxiety or panic attacks occasionally. Previous medications attempted were Flexeril and Soma, which were not effective. Medications included Docusate, Methadone, Norco, and Diazepam. Pain level varies on the date of service from 7-8/10. He indicates that without medication pain is up to 9-10/10, with medication 6-7/10. He reports up to 80% relief of pain with Norco and Methadone. Previous facet injections had provided 50% relief lasting 6-8 months. He has reported constipation, urinary incontinence, muscle weakness, difficulty falling asleep and remaining asleep, but no other symptoms reported. Balance was shaky on either leg. On 08/29/14, 09/29/14, and 10/27/14 he also complained of worsening neck pain and popping in his neck associated with loss of balance and blurred vision in his right eye, as well as stiffness with driving. On 10/27/14, he had bilateral tenderness of the paraspinal muscles. A PR2 of 10/22/14 indicated that the injured worker's symptoms of depression, anxiety, and panic have been stable, and that he has been stable in functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60 with 2 refills: Upheld

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

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

Decision rationale: Per CA-MTUS Chronic Pain Medical Treatment Guidelines, "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has been on diazepam, a benzodiazepine, since at least 04/09/14, well beyond the MTUS guideline of 4 weeks. There are no reports of muscle spasms. Per reports by his psychologist, [REDACTED], his symptoms of depression, anxiety, and panic have been stable. He has been using it on an as needed basis; as such there would be no necessity for a tapering schedule. Therefore this request is not medically necessary.

Valium 10mg #60: Upheld

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

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

Decision rationale: Please see above, this is a redundant request. Valium is a benzodiazepine which is the brand name for diazepam. This request is therefore, not medically necessary.