

Case Number:	CM14-0190071		
Date Assigned:	11/21/2014	Date of Injury:	12/12/1994
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice 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:

The patient is a 46 year old male with an injury date on 12/12/94. Patient complains of persistent back pain/spasms, radiating to his right leg/foot with a burning sensation, pain rated 4/10 with medications and 10/10 without medications per 10/16/14 report. Patient also complains of cervical pain rated 6/10 per 9/16/14 report. The patient uses Norco off and on from 1 to 4 a day for pain, occasional Valium for muscle spasms, and Ibuprofen per 7/22/14 report. Based on the 10/16/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar s/s. MRI revealing disc herniation at L4-5 compromising the exiting left L5 nerve root with left leg radicular symptoms and right leg radicular symptoms. 2. Cervical s/s with spondylosis, stable. 3. Dyspepsia from NSAID use is stable with Dexilant. A physical exam on 10/16/14 showed "L-spine range of motion is limited with extension at 10 degrees. Bilateral straight leg raise positive at 80 degrees." The patient's treatment history includes home exercise program, TENS unit (helpful), urine drug screens (appropriate), medications (Norco, Valium, Ibuprofen, Dexilant). The treating physician is requesting Valium 10mg #45. The utilization review determination being challenged is dated 10/31/14 and denies request as there is a limit to four weeks of use. The requesting physician provided treatment reports from 5/19/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #45: Upheld

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

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

Decision rationale: This patient presents with back pain, right leg/foot pain. The treater has asked for Valium 10mg #45 on 10/16/14. Patient has been taking Valium since 5/19/14. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient presents with chronic back pain. The patient has been taking Valium continuously for more than 4 months "occasionally" for addressing "muscle spasms." As MTUS guidelines do not support long-term usage longer than 4 weeks, the requested Valium is not medically necessary.