

Case Number:	CM14-0193048		
Date Assigned:	11/26/2014	Date of Injury:	06/13/1995
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, 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:

This 65 year-old patient sustained an injury on 6/13/1995 while employed by [REDACTED]. Request(s) under consideration include Valium 10MG #30. Diagnoses include hip enthesopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing low back and bilateral hip pain. Report of 10/1/14 from the provider noted the patient taking medications listing MS Contin, Norco, Valium, and Celebrex. Pain at the hips is rated at 10/10 without and 4/10 with medications reducing by 50% with improvement with ADLs. Exam showed unchanged findings of tenderness on palpation over greater trochanter with positive Fabere, pain flexion and external rotation of bilateral hips. UDS was noted to be appropriate. Treatment includes medication refills. The request(s) for Valium 10MG #30 was modified for weaning on 10/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10MG #30: 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): 23.

Decision rationale: This 65 year-old patient sustained an injury on 6/13/1995 while employed by [REDACTED]. Request(s) under consideration include Valium 10MG #30. Diagnoses include hip enthesopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing low back and bilateral hip pain. Report of 10/1/14 from the provider noted the patient taking medications listing MS Contin, Norco, Valium, and Celebrex. Pain at the hips is rated at 10/10 without and 4/10 with medications reducing by 50% with improvement with ADLs. Exam showed unchanged findings of tenderness on palpation over greater trochanter with positive Fabere, pain flexion and external rotation of bilateral hips. UDS was noted to be appropriate. Treatment includes medication refills. The request(s) for Valium 10MG #30 was modified for weaning on 10/17/14. Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic 1995 injury. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. Valium 10MG #30 is not medically necessary and appropriate.