MAXIMUS Federal Services

Case Number:	CM14-0193183		
Date Assigned:	11/26/2014	Date of Injury:	06/07/1993
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
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 Family Practice 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 is a 65 year old female who sustained a work related injury on June 7, 1993. No mechanism of injury is provided. The documentation supports the injured worker complained of severe back pain, muscle spasms and a tingling sensation in both legs. The treatment has included pain medications, muscle relaxants, a transcutaneous electrical nerve stimulation unit, a self-exercise program and tramadol injections to the gluteal region. A progress report dated October 9, 2014 notes that the injured worker reported severe back pain, muscle spasms and tingling in both hips. The injured workers pain level was nine out of ten. She reported a fifty percent reduction in pain and fifty percent functional improvement with activities of daily living with the pain medications verses not taking them. Work status reveals that the injured worker is not working and applying for disability. Physical examination of the lower back revealed a forward flexion and antalgic gait. Her back pain was noted to be right-sided with radiation to the right buttock and right posterior thigh. Palpation revealed muscle spasms of the lumbar truck. The diagnoses include a history of a lumbar sprain/strain with lumbar degenerative disc disease and facet arthrosis. The current treatment includes the daily use of a transcutaneous electrical nerve stimulation unit, a home exercise program and Percocet and Valium. The injured worker uses Valium two per day to control the noted muscle spasms. The injured worker also received Toradol intramuscular injections for pain management. The treating physician requested a prescription of Valium 10 mg # 60. A Utilization Review evaluated and modified the request for Valium 10 mg # 60 due to the MTUS Guidelines which do not recommend Benzodiazepines for the management of long term chronic pain, as there is little evidence to support efficacy and there is a high risk of dependency. Therefore, weaning is indicated at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Valium 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepine

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant had been on Valium for several months. Continued use is not medically necessary.