

Case Number:	CM14-0199022		
Date Assigned:	12/09/2014	Date of Injury:	06/02/2010
Decision Date:	01/22/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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 Ohio. 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 injured worker is a 48 year old female with a date of injury of June 2, 2010. Results of the injury include lower back pain. Diagnosis include lumbosacral spondylosis without myelopathy, anxiety state, depression, unspecified, thoracic/lumbosacral neuritis/ radiculitis, displacement of a lumbar intervertebral disc w/o myelopathy, opioid type dependence continuous, and unspecified constipation. Treatment has included Dilaudid, valium, topical pain medication, and Colace. X-ray of the lumbar spine dated January 16, 2014 showed status post L3-L4 and L4-L5 anterior lumbar interbody fusion with instrumentation, fusion progressing. X-ray dated March 20, 2014 showed no evidence of loosening of the instrumentation. Physical examination showed pain to the low back, diminished right lower extremity sensation, and a negative straight leg raise exam. Work status is noted to return to work following restrictions. Treatment plan included a request for authorization for Valium and Dilaudid. Utilization review form dated November 21, 2014 noncertified Valium 5mg #120 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #120: 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: Benzodiazepines such as Valium 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this instance, it appears the Valium is being utilized for pain and not anxiety/depression. It seems she has been taking the Valium for several months. The notes from the treating physician that is available for review do not describe any muscle spasms in the physical exam sections. The injured worker has a history of anxiety and depression but it seems she has a psychiatrist who prescribes the relevant medication. Because of the unclear reasons for the Valium prescription and the duration of treatment with this medication, Valium 5mg #120 is not medically necessary per the cited guidelines. The treating physician should consult applicable guidelines for weaning.