

Case Number:	CM14-0200756		
Date Assigned:	12/11/2014	Date of Injury:	03/26/2003
Decision Date:	01/30/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 26, 2003. In a Utilization Review Report dated November 3, 2014, the claims administrator approved a request for Lyrica while denying a request for Valium. The claims administrator referenced notes and/or urine drug screen dated September 4, 2014 and October 1, 2014. The applicant's attorney subsequently appealed. In said October 1, 2014 progress note, the applicant reported ongoing complaints of neck pain, groin pain, and confusion. It was stated that the applicant was using Lyrica for neuropathy and Valium for pain. The applicant was given diagnoses including low back pain, hand pain, leg pain, and muscle spasms. The applicant's work status was not clearly detailed. In a note dated September 20, 2014, the applicant reported ongoing issues of chronic low back pain superimposed on issue of fibromyalgia, tension headaches, and neck pain. The applicant is status post earlier cervical spine surgery, carpal tunnel release surgery, lumbar spine surgery, and a lymphoma removal. The applicant was off of work and had been deemed "disabled," it was acknowledged. The applicant was using Lyrica, Valium, Cymbalta, Dilaudid, Nexium, and Tizanidine. Electrodiagnostic testing of the lower extremities was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines such as Valium are not recommended for chronic or long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or the muscle relaxant effect for which Valium is seemingly being employed here. In this case, the applicant has seemingly been using Valium for a minimum of several months. Such usage is incompatible with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.