

Case Number:	CM14-0207502		
Date Assigned:	01/26/2015	Date of Injury:	04/13/2000
Decision Date:	02/24/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 66 year old male patient who sustained a work related injury on 4/13/2000. The exact mechanism of injury was not specified in the records provided. The current diagnoses include L5-S1 with left leg radicular Symptoms, Neuropathic burning pain in the lower extremities, GERD, History of biliary cancer, status post Whipple procedure, T-tube placement and reactive depression. Per the doctor's note dated 12/30/14, patient has complaints of severe back pain, cannot stand up straight, pain radiating down his right leg at 9-10/10. He continues to receive chemotherapy for cancer treatment for biliary cancer. Physical examination of the low back revealed antalgic posture, Right and left SLRs both 80 degrees causing left-sided back pain that radiates to the left buttock and posterior thigh, sensory loss to light touch and pinprick a; the left lateral calf and bottom of his foot, ambulates with a limp, deep tendon reflexes are +1 at the knees and ankles, toes are down going to plantar reflex bilaterally, 5/5 strength in the lower extremity muscle groups tested. The current medication lists include OxyContin, Valium, Wellbutrin, Nexium. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include Whipple procedure. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Valium 5MG: 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: Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS 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. Their range of actions 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Valium 5MG is not fully established in this patient.