

Case Number:	CM14-0217103		
Date Assigned:	01/07/2015	Date of Injury:	01/07/2004
Decision Date:	05/01/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 01/07/2004. Treatment to date has included medications, electrodiagnostic testing and back surgery. According to a progress report dated 12/05/2014, the injured worker reported ongoing neuropathic symptoms of the right lower extremity and weakness, numbness and tingling down the left leg and lumbar spine pain. Diagnoses/treatment included thoracic or lumbosacral neuritis or radiculitis unspecified. Prescriptions were given for oxycodone-acetaminophen, Valium and Baclofen. Other diagnoses included other symptoms referable to the back and postlaminectomy syndrome lumbar region. Celebrex was also prescribed. Currently, the injured worker's symptoms were unchanged. According to documentation Valium was prescribed for daily use as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain (chronic) and topic Benzodiazepine.

Decision rationale: Based on the 11/7/14 progress report provided by the treating physician, this patient presents with burning, shooting pain down the right lower extremity, with cramping, as well as low back pain. The treater has asked for VALIUM 10mg #30 on 11/7/14. The request for authorization was not included in provided reports. The patient is s/p lumbar fusion from more than two years ago, but the date was not specified per 11/7/14 report. The patient requires an AFO brace for her footdrop per 11/7/14 but is not currently using one. The patient had an MRI of the L-spine from January 2013 which showed removed screws from fusion at L4-5, but at levels of L2-3 and L3-4, there were 2-3mm right sided disc bulges, and a new foraminal disc protrusion not seen previously per 11/17/14 report. The patient is on Percocet which is not greatly helpful and also Valium, Baclofen, and Celebrex per 11/17/14 report. The patients disability status is unchanged from 11/17/14 report, but review of reports do not include a work status. ODG guidelines, chapter Pain (chronic) and topic Benzodiazepine, have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. The treater does not discuss this request in the reports provided. Valium is listed in patient's current medications in reports dated 6/30/14, 8/21/14 and 11/7/14. ODG guidelines recommend against the use of Valium for more than 4 weeks. In this case, the request is not described as short-term by the treater. Therefore, the requested Valium quantity #30 exceeds what is recommended by MTUS. The request IS NOT medically necessary.