

Case Number:	CM15-0000027		
Date Assigned:	01/09/2015	Date of Injury:	02/28/2000
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old male, who sustained an industrial injury on February 28, 2000. He has reported low back pain, lower extremity radicular pain and left carpal tunnel syndrome. The diagnoses have included chronic intractable pain syndrome, lumbar radiculopathy, postlaminectomy syndrome lumbar region, bilateral carpal tunnel syndrome, neurogenic bladder, chronic low back pain, postlaminectomy syndrome cervical region, arthrodesis and depression. Treatment to date has included TENS unit, Thermacare patches, medication, physical therapy, home exercises and carpal tunnel release in March 2004. Currently, the Injured Worker complains of back and lower extremity radicular pain, bladder incontinence and left carpal tunnel. Back pain levels remain elevated, worse on the left side. The pain continues to radiate to the ball of the left foot. He continues to have sharp pain when using his left wrist for twisting activities. On December 15, 2014, Utilization Review non-certified Miralax 17grams, noting non-MTUS Guidelines. On December 15, 2014, Utilization Review non-certified Valium 10mg #120, noting MTUS Guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Miralax 17grams and Valium 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Valium 10mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg #120 is not medically necessary. Benzodiazepines are 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. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker's working diagnoses are chronic intractable pain syndrome; lumbar radiculopathy; postlaminectomy syndrome lumbar region; bilateral carpal tunnel syndrome; neurogenic bladder; chronic low back pain; postlaminectomy syndrome cervical region, arthrodesis; depression. Subjectively, the injured worker complains of low back pain with radicular pain radiating to both lower extremities the left wrist developed pain with twisting activities. Objectively, there is tenderness palpation over the cervical, thoracic and lumbar spine paraspinal muscle groups. Range of motion was decreased. Valium 10 mg was first noted in a progress note dated March 4, 2014. It is unclear whether this is a start date or refill. The injured worker was taking Valium 10 mg QID at that time. The medical record does not contain documentation illustrating objective functional improvement associated with Valium. The guidelines do not recommend long-term use (longer than two weeks) of benzodiazepines. Valium has been used for approximately 11 months. There is no compelling documentation to support the ongoing use of Valium. Consequently, absent clinical documentation to support the ongoing use of value with objective functional improvement, Valium 10 mg #120 is not medically necessary.