

Case Number:	CM15-0131845		
Date Assigned:	07/20/2015	Date of Injury:	11/12/2000
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, 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:

The injured worker is a 42-year-old male who sustained an industrial injury on 11/12/00. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, chiropractic care, biofeedback, psychotherapy, TENS unit, exercise, epidural steroid injections, facet injections, trigger point injections, steroid injections physical therapy, and back surgery. Diagnostic studies include MRIs, x-rays, CT scans, and electro diagnostic studies. Current complaints include lower backache. Current diagnoses include lumbar radiculopathy, mood disorder, and post lumbar laminectomy syndrome. In a progress note dated 06/09/15, the treating provider reports the plan of care as medications including Lyrica and MS Contin, as well as Zanaflex, Valium, and Lexapro. The requested treatment includes Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #84 with 1 refill: 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: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the claimant was on Valium for several months along with Zanaflex. The Valium was not used for insomnia but was used with opioids and muscle relaxants, compounding the risk of addiction and toxicity. Continued and chronic use of Valium is not medically necessary.