

Case Number:	CM15-0136038		
Date Assigned:	07/24/2015	Date of Injury:	02/01/2001
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: Pennsylvania

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 54-year-old male, who sustained an industrial injury on 02/01/2001. He reported injuring his low back, left groin, and right knee after a fall at work and was diagnosed with a left groin strain and minor right knee sprain. The injured worker is currently retired. The injured worker is currently diagnosed as having lumbar disc disease with radiculitis, myofascial pain, pelvic pain, hip and thigh injury, knee pain, and chronic pain syndrome. Treatment and diagnostics to date has included prior bilateral total hip replacements, lumbar spine MRI on 02/04/2013, which showed left sided annular tear and facet arthropathy per progress note, and use of medications. In a progress note dated 06/15/2015, the injured worker presented with complaints of low back, right hip, right knee, and right hip pain. Objective findings include right knee tenderness with swelling in the right lateral joint. The treating physician reported requesting authorization for Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg Qty 30: Upheld

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

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

Decision rationale: The medical record states this worker is taking Valium for pain. There is no mention of anxiety or muscle spasm. Valium is a benzodiazepine commonly used for muscle spasm or anxiety. For anxiety, the MTUS states that 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. Long-term use may actually increase anxiety. Benzodiazepines are not recommended as a muscle relaxant. The MTUS states: "Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm." Valium is not medically necessary or appropriate in this case.