

Case Number:	CM15-0136408		
Date Assigned:	07/24/2015	Date of Injury:	08/27/2008
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
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 August 27, 2008. Treatment to date has included aqua therapy, home exercise program, acupuncture therapy, medications, low-level laser therapy, cognitive behavioral therapy, MRI of the lumbar spine, and activity modifications. Currently, the injured worker complains of low back pain. He rates his pain a 7 on a 10-point scale. He reports that his medications are taking the edge off of his pain. The injured worker reports being depressed but denies suicide ideations or plans. On physical examination the injured worker is in no acute distress. His lumbar range of motion is decreased secondary to spasticity and he has an antalgic gait. His medication regimen includes Senokot, Norco, omeprazole and valium at bedtime for spasms. The diagnoses associated with the request include myofascial pain syndrome, lumbar degenerative disc disease and lumbar spondylosis. The treatment plan includes continuation of home exercise program, continuation of aqua therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #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 Antispasticity / Antispasmodic drugs Page(s): 24 and 66.

Decision rationale: According to the physician visit note of 12/11/14 , this worker was receiving Valium 10 mg, 1 tablet at bedtime prn for spasms and diazepam 10 mg, 1 tablet daily prn for anxiety. Diazepam is the generic form of Valium, a benzodiazepine. According to the MTUS long term use is not recommended and states that most guidelines limit use to 4 weeks. The MTUS also states that tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The record indicates this worker has been on diazepam since 2013. Benzodiazepines are not recommended as anti-spasticity/antispasmodic drugs due to rapid development of tolerance and dependence. Valium (diazepam) is not medically necessary for either this worker's anxiety or spasms, particularly for such a long duration.