

Case Number:	CM15-0140841		
Date Assigned:	07/30/2015	Date of Injury:	05/20/2009
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 40-year-old male who sustained an industrial injury on 05/20/2009. He reported low back pain after slipping and twisting his back to keep from falling all the way to the ground. He was treated with physical therapy and medications. Due to worsening pain, a MRI of the lumbar spine was done (08-11-2009). A spine surgeon reviewed the MRI and recommended lumbar spine surgery. In July 2010 prior to any surgery, the worker states his left leg gave way and he twisted his left ankle. In August 2010, the worker had back surgery, which provided some benefit. He had arthroscopic left ankle surgery on January 12, 2011. Post the ankle surgery he had depression. He also had a potential abdominal hernia from his previous surgery. He now has left ankle chronic sprain with anterolateral joint impingement status post prior arthroscopy and attempt at lateral ligament repair. Treatment to date has included surgeries, physical therapy, chiropractic care, and medications with medication management. His diagnoses as of 05/18/2015 are: Chronic low back pain; Lumbar fusion and revision; Lumbar radiculopathy; Chronic left ankle pain status post ligamentous reconstruction. Currently, the injured worker complains of chronic low back pain with radiation into the bilateral lower extremities with associated numbness. The pain is more severe in the right leg and he rates it as a 6 on a scale of 0-10. Valium helps the worker relax. Lyrica has been taken to help alleviate his neuropathic pain, and the worker takes Advil as needed. Current medications include Valium, Advil, Metformin, Lisinopril, Protonix, Cymbalta, and Glimepiride. A request for authorization was made for the following: 1. Valium 5mg 1 PO QD PRN Anxiety #30 with 1 refill 2. Lyrica 50mg 1 PO BID #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg 1 PO QD PRN Anxiety #30 with 1 refill: 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 Section and Weaning of Medications Section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for an extended period and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Valium 5mg 1 PO QD PRN Anxiety #30 with 1 refill is determined to not be medically necessary.