

Case Number:	CM15-0142420		
Date Assigned:	08/05/2015	Date of Injury:	08/22/2014
Decision Date:	09/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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: Emergency 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 35 year old male, with a reported date of injury of 08-22-2014. The mechanism of injury was a fall from a ladder. The fall was 7.5 feet. The injured worker's symptoms at the time of the injury included pain in the neck, low back, and left elbow. The pain in the elbow was caused when he extended his arm during the fall. The diagnoses include low back pain, lumbosacral neuritis, lumbar discogenic myofascial pain, right lumbar radicular syndrome, lumbar disc protrusion, and neck pain. Treatments and evaluation to date have included oral medications, topical pain medications, physical therapy, and chiropractic treatment. According to the medical report dated 01-15-2015, the diagnostic studies to date have included an MRI of the cervical spine on 11-24-2014 which showed some disc bulges with uncovertebral hypertrophy wide paracentral at C4 to C5, C5 to C6, and C6 to C7, and mild foraminal narrowing in the C5 to C6 level; and an MRI of the lumbar spine on 11-24-2014 which showed a disc bulge at L4 to L5 and L5 to S1 with some facet hypertrophy and ligamentum flavum laxity with a mild bulge at L3 to L4, and mild to moderate right neural foraminal narrowing at L5 to S1. The progress report dated 06-25-2015 indicates that the injured worker reported that she felt the same. She complained of low back pain, and rated the pain 3 to 5 out of 10. The objective findings include no splinting of the lumbosacral spine, a normal gait, restricted lumbar spine range of motion, decreased lumbar flexion and extension, no tenderness to palpation of the lumbar spine, positive right straight leg raise test, unrestricted bilateral hip range of motion, unrestricted bilateral knee range of motion, and intact sensation to touch and pinprick in all dermatomes in the bilateral lower extremities. The treatment plan included a

prescription renewal for Valium at night as needed. It was noted that the injured worker had difficulty with sleeping due to pain and muscle spasm. The injured worker's work status was noted as return to work as of 06-25-2015 with restrictions. The treating physician requested Valium 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #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: Valium or Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Patient has been on diazepam for sleep for at least 2months with no documentation of any improvement. Chronic use of benzodiazepines is not recommended. Diazepam is not medically necessary.