

Case Number:	CM15-0164308		
Date Assigned:	09/01/2015	Date of Injury:	02/26/2014
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 2-23-2014. He reported back pain after falling from roof scaffolding. Diagnoses have included lumbar sprain, lumbar radiculitis and lumbar disc bulges. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, home exercise program and medication. According to the progress report dated 6-17-2015, the injured worker complained of constant low back pain rated eight out of ten. He reported that the pain radiated to the bilateral lower extremities. The injured worker walked with a single point cane in a slightly flexed posture. His gait was antalgic. There was tenderness to palpation or spasm bilaterally of the lumbosacral area. Straight leg raise test was positive on the left side. Authorization was requested for Valium.

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 Benzodiazepine.

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

Decision rationale: The claimant sustained a work injury in February 2014 when he fell from a roof. He had a prior history of chronic back pain. His past medical history also includes emphysema and COPD. When seen, he was having continued constant moderate to severe lumbar spine pain radiating into the lower extremities. Physical examination findings included ambulating with a cane and a slightly forward flexed posture with an antalgic gait. There was bilateral lumbar tenderness or spasms. There was pain with spinal flexion and decreased range of motion. Straight leg raising was positive. There was decreased left lower extremity sensation. Oxycodone and Valium were prescribed. Valium has been prescribed since at least June 2015. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks. In this case, it has been prescribed for more than 2 months and appears ineffective. There are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.