

Case Number:	CM15-0168313		
Date Assigned:	09/09/2015	Date of Injury:	10/01/2013
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California

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 22-year-old male, who sustained an industrial injury on 10-01-2013. He has reported injury to the low back. The diagnoses have included lumbosacral sprain; chronic lower back pain; L3-4 and L4-5 central disc herniation with spinal stenosis without clinical evidence of cauda equina; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, activity modifications, epidural steroid injection, and physical therapy. Medications have included Ibuprofen, Flexeril, Norco, Naproxen, Neurontin, Meloxicam, and Percocet. A progress report, dated 04-22-2015, noted that the injured worker had a course of physical therapy, which provided no lasting improvement in his symptoms. A progress report from the treating physician, dated 06-25-2015, noted that an epidural steroid injection was performed on 06-25-2014 was counterproductive and actually increased his leg pain; and he has been off work over the past 18 months. A progress report from the treating physician, dated 08-13-2015, documented an evaluation with the injured worker. The injured worker reported intermittent urinary hesitancy and constipation; the Norco is not effectively relieving his leg pain; both legs are involved, with the severity of the pain on the right side to a relatively minor degree; he has trouble sleeping at night; he has had ongoing symptoms since the date of injury; and he has chronic hemorrhoids and notices occasional streaking of blood in the stool. Objective findings included he was seen on a relatively urgent basis with urinary hesitancy and constipation; his rectal examination showed excellent tone and normal perianal sensation; his deep tendon reflexes were absent at the ankle and knees; his lower extremity examination demonstrated motor strength of 5 out of 5 in all muscle groups; he could walk on his tip toe and

heel walking; there was slight decreased sensation of the right L3 and L4 dermatome; and it was noted that the MRI of the lumbar spine, dated January 2015, showed a large central L3-4 and L4-5 disc herniation with severe spinal stenosis. The physician noted that his pain medication was adjusted and he was given a prescription for Valium 10mg at hour of sleep to assist the hours of sleep. The treatment plan has included the request for Valium 10mg #20. The original utilization review, dated 08-18-2015, non-certified a request for Valium 10mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the Valium was provided for sleep. The primary sleep disorder or failure of behavioral intervention was not noted. Valium is not 1st line for insomnia. Chronic use is not recommended. The Valium is not medically necessary.