MAXIMUS Federal Services

Case Number:	CM15-0191292		
Date Assigned:	10/05/2015	Date of Injury:	10/28/2008
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey
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 44 year old male, who sustained an industrial injury on 10-28-08. The injured worker was diagnosed as having degeneration lumbosacral intervertebral disc; low back pain; lumbar disc protrusion; radiculopathy; left knee pain; right ankle pain. Treatment to date has included physical therapy; TENS unit; aquatic therapy; status post right knee arthroscopy (5-6-15); home exercise program; medications. Currently, the PR-2 notes dated 9-1-15 indicated the injured worker was in this office for a re-evaluation of low back pain. He reports continued severe low back pain and continues to recover well from his recent right knee surgery (5-6-15). He reports no significant changes in his complaints and desires to move forward with surgical fixation as soon as possible. On physical examination, the provider documents "he continues to be extremely tender at the lumbosacral junction. His range of motion is moderately decreased in all planes. He has considerable paraspinous spasm. He has some dysesthesias into the right leg and mild tension signs. Reflexes are diminished in both knee and ankle jerks. His MRI of 1-2015 shows prominence of a disc herniation at l4-5 as well as L5-S1. At L4-5, it is primarily right-sided. Hiss x-rays show significant lumbar scoliosis with about 10 degree measured at the L4 level compared to L5. He also has retrolisthesis at L4-5 and some lateral translation." A PR-2 dated 9-2-15 also describes these findings. The provider notes that "The pain medication Norco 10-325 and Valium 10mg takes his pain from 6-8 out of 10 to a 2 out of 10. He is able to tolerate the pain a bit better so he could perform some of his ADL's, which is good. There are activities he still cannot do. He denies any side effects to the pain medication. He has difficulty taking shower for bending and some pain with cleaning, mopping, and brooming. He does not mow the

lawn anymore. Driving hurts or sitting for long periods of time anything that involves lifting, bending, carrying, or twisting aggravates his back." A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-15-15 and non-certification for Valium 10mg #90. A request for authorization has been received for Valium 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 12/31/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record to show Valium was used chronically leading up to this request for renewal. The Valium was used to help treat the chronic pain, supposedly for its muscle relaxing effects. The combined use of this worker's medications, including Valium reduced pain, reportedly. However, chronic use of Valium, regardless of benefit, is not recommended, and will not be medically necessary, in the opinion of this reviewer. Weaning may be indicated.