

Case Number:	CM15-0193023		
Date Assigned:	10/07/2015	Date of Injury:	09/28/1992
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Illinois

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 is a 56 year old with a date of injury on 09-28-1992. The injured worker is undergoing treatment for back pain, lumbosacral spondylosis without myelopathy, and cervical radiculopathy. Comorbidities include hypertension, and gastroesophageal reflux disease. A physician progress note dated 08-31-2015 documents the injured worker has continued neck pain but it feels better if he does not stay in bed longer than 8 hours. On examination, he has tenderness over the right posterior neck muscles. Range of motion is restricted. He has stiffness and spasm of his back. He has tenderness over the left sacroiliac joint and L5-S1 interspace with spasm. Treatment to date has included Valium (since at least 01-14-2015), Oxycodone and Metoprolol, status post cervical discectomy and fusion, facet injection, Toradol injections, physical therapy, a home exercise program, and chiropractic sessions. A Magnetic Resonance Imaging of the lumbar spine done on 05-18-2015 showed moderate disc degeneration at L5-S1, neural foraminal stenosis is mild on the right at L3-L4, bilaterally at L4-L5 and on the left at L5-S1. There is facet joint arthropathy that is mild bilaterally at L4-L5 and L5-S1. There is a 35% wedge compression of the L1 vertebral bodies-old. The Request for Authorization dated 09-07-2015 includes Valium, and Oxycodone. On 09-17-2015 Utilization Review non-certified the request for Pharmacy purchase of Valium 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Valium 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

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

Decision rationale: The injured worker sustained a work related injury on 09-28-1992. The injured worker is undergoing treatment for back pain, lumbosacral spondylosis without myelopathy, and cervical radiculopathy. Comorbidities include hypertension, and gastroesophageal reflux disease. Treatments have included Valium (since at least 01-14-2015), Oxycodone and Metoprolol, status post cervical discectomy and fusion, facet injection, Toradol injections, physical therapy, a home exercise program, and chiropractic sessions. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Valium 10mg #60. Valium (Diazepam) is a benzodiazepine. The MTUS does not recommend the use of Benzodiazepines for longer than 4 weeks due to lack of efficacy and worsening side effects, but the records indicate the worker has been on it since at least 01/2015. The request is not medically necessary.