

Case Number:	CM15-0197664		
Date Assigned:	10/13/2015	Date of Injury:	06/15/2000
Decision Date:	11/19/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male who sustained an industrial injury on 6-15-2000. Diagnoses of intractable pain residual due to multiple surgical procedures to lumbosacral spine, moderate to severe bilateral L5 radiculopathy, moderate bilateral S1 radiculopathy, and mild to moderate bilateral L4 radiculopathy. In a progress report dated 8-29-15, the physician notes complaint of constant intractable upper and lower back pain as well as pain, numbness and weakness of bilateral lower extremities. He reports depression and sleep problems are getting worse and that he is only able to ambulate with the aid of a walker. Pain is rated at 10 out of 10 without medications and reports getting 50-60% improvement in overall pain and ability to function with medications. Objective findings are reported as moderate to markedly restricted ranges of motion of the thoracic spine on flexion and extension, markedly restricted range of motion in all planes of the lumbar spine, multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature and gluteal muscles, and he could not perform heel-toe gait and ambulated with a walker. Sensation to fine touch and pinprick is decreased in the calf bilaterally. Electromyography and nerve conduction velocity study (8-29-15) of bilateral lower extremities yielded an abnormal report. The treatment plan is discontinue Trazadone and Subsys, Duragesic patch 100mcg-ml and 50mcg-ml, Wellbutrin, Valium 5mg one tablet at bedtime, Dilaudid, continue Neurontin, continue Topamax, orthopedist re-evaluation for re-repeat surgery to lumbar spine, home muscle stretching exercises, gym membership-swimming pool exercises daily x3 months, and deep breathing type meditation. On 10-6-15, the requested treatment of (retrospective date of service 8-29-15) Valium 5mg

#30 with 3 refills was not certified, however, a 1-month supply was recommended for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Valium 5mg quantity 30 with three refills, one tablet every night at bedtime
DOS 8-29-15: Upheld**

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case there is no rationale from the exam note of 8/29/15 why Valium is required. Therefore the request for Valium is not medically necessary and is not medically necessary.