

Case Number:	CM15-0201339		
Date Assigned:	10/16/2015	Date of Injury:	01/31/2008
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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 56-year-old male with a date of injury on 01-31-2008. The injured worker is undergoing treatment for neck pain and lower back pain. A physician progress note dated 09-01-2015 documents the injured worker has low back pain and leg pain. He states that in general he is without change. His hands get numb on occasion. He has lower back pain with occasional stabbing sensations into the right side. He uses a cane for balance on occasion. His weight is 267 pounds, so he has lost some weight. There is tenderness across the lower back slightly more on the right side. Range of motion is restricted. Sensory exam is intact. Treatment to date has included medication, a home exercise program. Medications include Valium (04-14-2015), Percocet, Cymbalta and Voltaren gel. The treatment plan includes Percocet 5-325mg #120 and Valium 5m #30, and a follow up in 2 months. On 10-01-2015, Utilization Review modified the request for Valium 5mg, #30 to Valium 5mg # 15 to wean off over the next 2-3 months.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

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 used for muscle spasms for several months in combination with opioids. Long-term use is not recommended and continued use of Valium is not medically necessary.