

Case Number:	CM15-0021869		
Date Assigned:	02/11/2015	Date of Injury:	06/11/1998
Decision Date:	04/01/2015	UR Denial Date:	02/01/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 6/11/98. He subsequently reports chronic low back pain. The injured worker has undergone lumbar fusion surgery. The injured worker has had his pain maintained with prescription medication. On 2/1/15, Utilization Review non-certified a request for Valium 5mg Quantity: 120 (Retrospective Date of Service: 01/08/15). The Valium 5mg Quantity: 120 (Retrospective Date of Service: 01/08/15) was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg Quantity: 120 (Retrospective Date of Service: 01/08/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Valium 5mg Quantity: 120 (Retrospective Date of Service: 1/8/15). The treating physician

documented that the patient has been taking Valium since at least December 2014 and states, "I gave him a 2 month supply of his medications." The MTUS guidelines state, "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." In this case, the treating physician has prescribed an amount which would exceed the recommended guideline of 4 weeks. The current request is not medically necessary and the recommendation is for denial.