

Case Number:	CM15-0022402		
Date Assigned:	02/12/2015	Date of Injury:	02/07/1996
Decision Date:	03/31/2015	UR Denial Date:	01/18/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida, New York, Pennsylvania
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 68 year old male who sustained an industrial injury on 2/7/96. The injured worker reported symptoms in the back. The diagnoses included degenerative disc disorder, radiculopathy and post laminectomy syndrome. Treatments to date include oral pain medication, oral muscle relaxants, status post L4-5 discectomy, L2-S1 anterior complete discectomy and fusion on 4/21/10, and massage treatments. In a progress note dated 1/5/15 the treating provider reports the injured worker was with "increasing complaints of back pain and spasms". On 1/18/15 Utilization Review non-certified the request for Valium 10 milligrams quantity of 50. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 24, 66.

Decision rationale: Benzodiazepines such as Valium are not recommended for the chronic management of muscle spasm and pain due to the rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. Long-term use is also not supported because long-term efficacy is unproven. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case the medication is being used to manage nighttime leg cramps for which they have not been approved or found efficacious. Additionally the medication had been non-certified with the opportunity to wean and discontinue provided a year prior. The UR Non-Cert is therefore supported.