

Case Number:	CM15-0217408		
Date Assigned:	11/09/2015	Date of Injury:	08/26/2009
Decision Date:	12/28/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 8-26-09. Medical records indicate that the injured worker is undergoing treatment for lumbago, chronic pain, lumbar spinal stenosis, previous lumbar laminectomy and anxiety state unspecified. The injured worker is currently not working. On (9-14-15) the injured worker reported that he had low back surgery since the last visit. The injured worker noted that his left leg pain had improved, but he still required maintenance medications. The pain was rated 6 out of 10 on the visual analog scale. Objective findings noted that the injured workers surgical incision showed no signs of infection. Examination of the lumbar spine revealed spasms, a very restricted range of motion and a positive straight leg raise test bilaterally. Treatment and evaluation to date has included medications, cognitive behavior therapy, physical therapy and lumbar decompression surgery on 8-24-15. Current medications include Valium (since at least since March of 2015), Xanax (since at least March of 2015), Oxycodone, MS Contin, Cymbalta and Clonazepam. The current treatment request is for Valium 10mg #90 and Xanax 0.5mg #60. The Utilization Review documentation dated 10-14-15 non-certified the request for Valium 10mg #90 and Xanax 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 3/2015. As the treatment is not recommended for long term use, the request is not medically necessary.

Xanax 0.5mg #60: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 3/2015. As the treatment is not recommended for long term use, the request is not medically necessary.