

Case Number:	CM15-0217413		
Date Assigned:	11/09/2015	Date of Injury:	04/27/2002
Decision Date:	12/28/2015	UR Denial Date:	10/21/2015
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, 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 is a 33 year old male who sustained an industrial injury on 4-27-2002. A review of the medical records indicates that the injured worker is undergoing treatment for post-laminectomy syndrome L4-L5, left ankle weakness following lumbar surgery and left hip trochanteric bursitis. According to the progress report dated 10-1-2015, the injured worker complained of chronic low back pain. It was noted that he had a Toradol injection at the last visit, which significantly reduced the muscle spasm and back pain. Per the treating physician (10-1-2015), the work status was limited to sedentary work only. Objective findings (10-1-2015) revealed tenderness over the paraspinal musculature. There was some right sided paraspinal spasming. Treatment has included medications. Current medications (10-1-2015) included MS Contin, MSIR, Motrin, Valium (since at least 8-2015) and Dilantin. The original Utilization Review (UR) (10-21-2015) modified a request for Valium from #60 to #48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 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: The patient presents with pain affecting the low back. The current request is for Valium 5mg #60. The treating physician report dated 9/3/15 (739B) notes that the patient was prescribed Valium. MTUS page 24 states that Benzodiazepines are 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. The medical reports provided show the patient has been taking Valium since at least 9/3/15. In this case, the current request for Valium is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.