

Case Number:	CM15-0034071		
Date Assigned:	03/02/2015	Date of Injury:	02/05/2000
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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

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 33-year-old male sustained a work related injury on 02/05/2000. According to a progress report dated 12/11/2014, the injured worker suffered from intractable low back pain with radiculopathy. He was status post failed back syndrome with previous history of lumbar fusion. He also had a trial of spinal cord stimulator, which was very helpful with pain and improving overall functions. Current medications included Percocet. Diagnostic impression included status post L4-5 lumbar fusion with failed back syndrome, advanced degeneration at L3-4 and L5-S1 above and below the level of fusion, bilateral lumbar radiculitis, L5-S1 lumbar facet syndrome and status post percutaneous trial implantation of the spinal cord stimulator system. Prescriptions included Percocet for breakthrough pain and Valium for insomnia. On 02/04/2015, Utilization Review modified Valium 5mg #15 for weaning purposes. According to the Utilization Review physician, chronic benzodiazepines are the treatment of choice for very few conditions. The documentation indicated that the injured worker was utilizing the medication for sleep. The objective efficacy of the medication was no provided. CA Chronic Pain Medical Treatment Guidelines pages 24, 78-80 were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #15 for weaning purposes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines, Chapter 'Pain (chronic)' and topic 'Benzodiazepine'.

Decision rationale: The 33 year old patient complains of chronic intractable low back pain with radicular symptoms, rated at 8-9/10 without medications and 4-5/10 with medications, as per progress report dated 01/08/15. The request is for VALIUM 5 mg # 30. There is no RFA for this case, and the patient's date of injury is 02/05/00. The patient is status post L4-5 lumbar fusion with failed back syndrome and status post spinal cord stimulator trial, as per progress report dated 01/08/15. Diagnoses included advanced degeneration at L3-4 and L5-S1, bilateral lumbar radiculitis, and L5-S1 lumbar facet syndrome. Medications include Percocet and Diazepam. The patient has also been diagnosed with insomnia, as per progress report dated 12/11/14. The pain is rated at 5-6/10 in the same report. The patient is permanent and stationary, as per progress report dated 01/08/15. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, a prescription for Valium is only noted in progress report dated 12/11/14. The treater states that the patient has been diagnosed with insomnia. He has tried multiple medications in the past for insomnia with only the Valium to be effective, per the same progress report. Subsequent reports, however, do not document its efficacy. Additionally, ODG guidelines recommend against the use of Valium for more than 4 weeks. Hence, the treater's request for # 30 is excessive and IS NOT medically necessary.