

Case Number:	CM15-0047313		
Date Assigned:	03/19/2015	Date of Injury:	03/18/2002
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 69-year-old male, who sustained an industrial injury on March 18, 2002. He reported a low back injury. The injured worker was diagnosed as having chronic pain syndrome, opioid drug dependence, lumbar post laminectomy syndrome, lumbar spinal stenosis, and lumbar degenerative disc disorder. Treatment to date has included medications, and a wheelchair. On February 17, 2015, he complained of low back pain with radiation into the legs, and associated numbness and tingling of the legs. He indicates only medications have helped with the pain. He rates his pain level with medications as 4/10 on a pain scale, and over 10/10 without medications. He has been utilizing Valium since at least September 2014. The request is for Valium for the purpose of continued benzodiazepine weaning for discontinuation over the course of 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg by mouth twice a day #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): 24, 63.

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

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records indicate that the patient has been on Valium for years, far in excess of the 4-week limit. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on Valium. In addition, other reviewers have recommended discontinuing the medication. As such, the request for Valium 5mg by mouth twice a day #20 is not medically necessary.