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| Case Number: | CM15-0048637 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 10/17/2006 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/13/2015 |

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:

The injured worker is a 52 year old male, who sustained an industrial injury on October 17, 2006. He reported injury of the cervical spine and lumbar spine. The injured worker was diagnosed as having lumbago, cervical degenerative disc disorder, and sciatica. Treatment to date has included medications, and epidural steroid injections. On March 27, 2015, he rates his pain as 7/10 on a pain scale, and indicates he has better pain control with the current medication regimen, since the addition of Fentanyl patches. He reports being able to reduce his dose of Norco, and indicates he utilizes Valium for muscle spasms and anxiety. The treatment plan includes: psychiatric evaluation for implantables, and continuation of medications. The request is for Valium 10mg tablets #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The patient was injured on 10/17/2006 and presents with cervical spine and lumbar spine pain. The request is for a PHARMACY PURCHASE OF VALIUM 10 mg #90 for muscle spasms and anxiety. The RFA is dated 03/02/2015. The patient is permanent and stationary. The patient has been taking Valium as early as 06/05/2014. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 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." 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." The patient is diagnosed with lumbago, cervical degenerative disk disease, cervicalgia, and sciatica. The patient has a limited range of motion and a positive facet loading test. He has a slow gait and +L4-L5 sensory deficits in the bilateral lower extremity. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. In this case, the patient has been taking Valium since 06/05/2014, which indicates long-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium IS NOT medically necessary.