

Case Number:	CM15-0055475		
Date Assigned:	03/30/2015	Date of Injury:	03/21/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male who sustained a work related injury March 21, 2012. He was involved in a roll-over accident (rolled several times) and went on to develop significant low back pain, bilateral leg pain and paresthesias, right shoulder pain, neck pain, and upper back pain. Past history includes Grave's disease and hypertension, s/p right shoulder surgery, 2006. According to a physician's progress report, dated January 16, 2015, the injured worker presented with complaints of low back pain and bilateral leg pain and paresthesias. There is also right shoulder pain present and some degree of neck and upper back pain with occasional tingling of hands. Diagnoses included lumbar spinal stenosis without claudication; lumbosacral spondylosis; acquired spondylolisthesis; sciatica; cervical spondylosis; cervical spinal stenosis; cervical disc degeneration; rotator cuff disorders not elsewhere classified. Treatment recommendation was for a one level L4/5 fusion with lumbar decompression. A primary treating physician's progress report, dated February 11, 2015, recommends continuation of current medications, urine sample taken for compliance and instructed injured worker to go to the emergency room by ambulance should he have a sudden loss of strength in his legs or loses bowel or bladder control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg 1-2 po qd prn #75: Upheld

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

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

Decision rationale: This 54 year old male has complained of low back pain and right shoulder pain since date of injury 3/21/12. He has been treated with physical therapy, right shoulder surgery and medications to include benzodiazepines since at least 11/2014. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.