

Case Number:	CM15-0088122		
Date Assigned:	05/12/2015	Date of Injury:	01/03/1998
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male, who sustained an industrial injury on 1/03/1998. He reported injury to his low back due to lifting and twisting. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar region, myofascial pain, and reactive depression. Treatment to date has included diagnostics, surgical intervention in 7/1998, mental health treatment, and medications. The use of Valium has been noted since at least 7/2014 with muscle relaxants noted since at least 2010. Urine drug screen (7/31/2014) was inconsistent with prescribed medications and was negative for Diazepam. Some documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of low back pain and pain in both legs. Pain was rated 9/10 and constant (increased from previous visit). Current medication regime was not noted. Sleep pattern was 3-4 hours per night. Exam noted decreased lumbar range of motion and positive straight leg raise test on the right. His blood pressure was also elevated. The treatment plan included medication refills, including Opana ER, Lyrica, Soma, and Valium, and follow-up for hypertension. His work status was not documented and recent urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg #60: 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: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In this case, Valium has been used since at least July 2014 without documentation of relief of symptoms. In addition, the UDS collected on July 31, 2014 was inconsistent with prescribed medications and was negative for Diazepam. Therefore, the prescription of Valium 5mg #60 is not medically necessary.