

Case Number:	CM14-0135850		
Date Assigned:	09/08/2014	Date of Injury:	04/13/2000
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old male who reported injury on 04/13/2000. The mechanism of injury was not provided. Diagnoses included non-industrial biliary cancer, history of lumbar sprain/strain with lumbar degenerative joint disease, GERD from medications, and reactive depression. The past treatments were not included. The progress note dated 08/08/2014, noted the injured worker complained of severe back pain, and shooting pain in his left leg, with reported 50% reduction in pain and 50% functional improvement with activities of daily living with his prescribed pain medications. His pain was rated an 8/10, at best a 4/10 with his medications, and a 10/10 without the medications. The physical exam revealed limited lower back range of motion to 30 degrees of forward flexion, and 10 degrees of extension, straight leg raise to 80 degrees causing left-sided low back pain radiating to the posterior thigh and buttock, deep tendon reflexes were 1+ at the knees and ankles, and spasms were noted upon palpation of the paraspinal muscles. Medications included methadone 10 mg in the morning, 10 mg at lunchtime, and 15 mg at night, Oxycodone 30mg 4-5 tabs daily for breakthrough pain, occasional Valium 5mg tablets to control spasms, Wellbutrin, and Nexium. The treatment plan requested to continue medication regimen to include Valium 5mg 1 daily as needed for back spasms #30, as it is keeping him functional, also noting the injured worker is under a narcotic contract, and urine drug screens have been appropriate. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Valium 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

Decision rationale: The injured worker had spasm of the paraspinal muscles noted on physical exam, and Valium 5mg tablets prescribed 1 tablet daily as needed for back spasms. The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS Chronic Pain Guidelines state benzodiazepines, such as Valium, are not recommended for use as muscle relaxants due to the rapid development of tolerance and dependence, noting there appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The use of Valium is not supported by the guidelines. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.