

Case Number:	CM14-0143728		
Date Assigned:	09/18/2014	Date of Injury:	07/27/2012
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This case involves a 48-year-old male with a 7/27/12 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/15/14, the patient stated that he was making slow progress however; he still had a fair amount of residual back pain, mostly in the lower lumbar region. He still occasionally had discomfort in his leg, and he still had residual numbness in his right leg. In a report dated 6/27/14, the provider stated that he was prescribing Valium for the patient, which will help relax him and help with muscle spasms. Objective findings: limited to vital signs. Diagnostic impression: degenerative disc disease, low back pain. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 8/5/14 denied the request for Valium. There is no documented medical indication for this medication in the treatment of this patient's injury, as benzodiazepines are not primarily recommended for treating muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg tablet with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. According to the records reviewed, this patient has been on Valium since at least 6/27/14. Guidelines do not support the use of muscle relaxants for more than 4 weeks. In addition, the quantity requested was not noted. Furthermore, this is a request for a 4-month supply, far exceeding the length of time that guidelines support for the use of benzodiazepine medications. Therefore, the request for Valium 10mg tablet with 3 refills is not medically necessary.