

Case Number:	CM14-0149254		
Date Assigned:	09/18/2014	Date of Injury:	02/06/2014
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 2/6/2014. Mechanism of injury was described as occurring while "dumping candy on a conveyor belt". Patient has a diagnosis of lumbar disc herniation. Medical reports reviewed. Last report available was 8/15/14. Patient complains of low back pain radiating to posterior right thigh. Associated with numbness with prolonged sitting. Objective exam reveals normal inspection with no tenderness or spasms; active range of motion, mild right sacral tenderness, and right straight leg raise causes buttock pain. MRI of lumbar spine (5/2/14) reveals multilevel degenerative disease with disc bulges. No spinal stenosis, slight foraminal narrowing. Some joint facet arthropathy. Current medication includes Naproxen and Ibuprofen. Patient has reportedly undergone physical therapy. It was noted that Diazepam is to be taken prior to a procedure. Independent Medical Review is for Valium 10mg #1. Prior UR on 9/5/14 recommended non-certification since the procedure was also not approved. UR on 7/15/14 denied epidural steroid injection and pre-procedure Valium request as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg 1 tablet: 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): 23.

Decision rationale: Valium is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. Documentation states that it was prescribed as a pre-procedure anti-anxiety medication. However, the procedure is not approved and there is no documentation of any approval of procedure noted therefore there is no need for Valium. Valium is not medically necessary.