MAXIMUS Federal Services

Case Number:	CM14-0149513		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2009
Decision Date:	11/13/2014	UR Denial Date:	09/02/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old male with a date of injury of 07/17/2009. The listed diagnoses per [redacted] are lumbar post-laminectomy syndrome, status post L4-L5 fusion, 2010; right lower extremity radiculopathy; reactive depression/anxiety; history of left chip avulsion fracture, left ankle; neurogenic bladder/erectile dysfunction; obesity, industrially related to cushing's disease; right femur, status post ORIF, 01/04/2014; and medication-induced gastritis. According to progress report 08/22/2014, the patient presents with low back pain that radiates down to his bilateral right lower extremity. The patient feels depressed about his condition. The patient states that without his medications he has had suicidal ideations. Current medication regimen reduces his pain overall by 50% to 60%. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. He has obvious muscle guarding with range of motion. Straight leg raise was positive bilaterally at 60 degrees. The provider is requesting a refill of Valium 10 mg #60. Utilization review modified the certification to #30 on 09/02/2014. Treatment reports from 02/12/2014 through 08/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg QTY: 120 Days Supply: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Valium 10 mg #120. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit 4 weeks." In this case, the patient has been prescribed this medication since at least 02/12/2014. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." Therefore, this request is not medically necessary.