MAXIMUS Federal Services

Case Number:	CM14-0154959		
Date Assigned:	09/25/2014	Date of Injury:	04/13/2000
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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:

The injured worker is a 66 year-old male who sustained work-related injuries on April 13, 2000. Per September 5, 2014 medical records, the injured worker reported ongoing constant pain in his back that shoots down his left leg. He was noted to be undergoing chemotherapy for biliary cancer and underwent Whipple procedure. He has a T-tube placed in the left lower quadrant of his abdomen. He rated his back pain as 9/10 but reported 50% functional improvement with activities of daily living. He stated that his best pain was rated at 4/10 with medications and 10/10 without medications. A lumbar spine examination revealed limited range of motion. Bilateral straight leg raising test at 80 degrees caused left-sided back pain that radiates into the left buttock and posterior thigh. Altered sensory loss was noted in the left lateral calf and bottom of his foot. He ambulated with a slight limp with the left lower extremity. Muscle spasms were noted in the lumbar trunk with loss of lordotic curvature. Deep tendon reflexes were 1+ at the knees and ankles. Toes were downgoing to plantar reflex bilaterally. He is diagnosed with (a) lumbar sprain and strain with lumbar degenerative joint disease. A magnetic resonance imaging (MRI) revealing degenerative disc disease, disc herniation at L5-S1 with left sciatic symptoms; (b) muscle spasms and antalgic posture, (c) neuropathic burning pain in the lower extremities, (d) gastroesophageal reflux disease (GERD) from medications prescribed, stable with Nexium, (e) history of reactive depression due to industrial onset, stable with Wellbutrin, and (f) non-industrial biliary cancer, status post Whipple procedure, T-tube placement, with weight loss related to cancer surgery and chemotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Valium (Diazepam).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Antispasticity/Antispasmodic Drugs Page(s): 24; 66.

Decision rationale: According to evidence-based guidelines, Valium which is under the class of benzodiazepines is not recommended due to rapid development of tolerance and dependence. There is little benefit for the use of these drugs over non-benzodiazepines for the treatment of spasm. Moreover, its long-term efficacy is unproven and is use is limited to four (4) weeks. In this case, the injured worker is noted to be utilizing this medication since June 2014 he is still utilizing this medication as per medical records dated September 5, 2014. Based on this information, it is noted that the usage of this medication is beyond the four week limitation set forth by evidence-based guidelines. Also, there is no indication that other non-benzodiazepine medications have been tried in order to address this injured worker's muscle spasms. Therefore, the request for Valium 5mg #30 is not medically necessary and appropriate.