

Case Number:	CM14-0156722		
Date Assigned:	09/26/2014	Date of Injury:	12/08/2000
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 60-year-old male who reported an injury on 12/08/2000. The mechanism of injury was not provided. The injured worker's diagnoses included lumbago, lumbar thoracic radiculitis, disc degeneration of the lumbosacral region, and myofascial pain syndrome/fibromyalgia. The injured worker's past treatments included medication. On the clinical note dated 08/13/2014, the injured worker complained of low back pain, currently rated 3/10. The injured worker stated his medications are working well for him, and he is able to accomplish all of his activities of daily living. The injured worker had tenderness at lumbar spine, tenderness at facet joint, crepitus, decreased flexion, decreased extension, decreased lateral bending, decreased rotation, tender at joint line for left palpation, tender at joint for right palpation of the spine. The injured worker had left range of motion crepitus, decreased flexion, pain with flexion, and decreased extension. The injured worker's right range of motion had crepitus, decreased flexion, pain with flexion, and decreased extension. The injured worker's medications included Wellbutrin XL 300 mg 24 tablet, daily; Norco 10/325 mg, 1 to 2 tablets every 4 hours; Valium 10 mg, twice daily; ibuprofen 800 mg, 3 times daily; and ketorolac tromethamine 60 mg/2 mL, IM. The request was for Valium 10 mg #60 with 2 refills. The rationale for the request was not indicated. The Request for Authorization form was submitted on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60 with 2 refills: Upheld

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

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

Decision rationale: The request for Valium 10 mg #60 with 2 refills is not medically necessary. The injured worker is diagnosed with low back pain/lumbago, lumbar/thoracic radiculitis, disc degeneration of the lumbosacral region, and myofascial pain syndrome/fibromyalgia. The injured worker complained of low back pain rated 3/10. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. The injured worker has been on Valium 10 mg since at least 03/30/2012. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, and the pain rating pre and post medication. Additionally, the request is for 2 refills, which exceeds the guidelines limited use of 4 weeks. The request, additionally, does not indicate the frequency of the medication. As such, the request for Valium 10 mg #60 with 2 refills is not medically necessary.