

Case Number:	CM14-0080031		
Date Assigned:	07/18/2014	Date of Injury:	07/14/2000
Decision Date:	10/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 Nevada. 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 records, presented for review, indicate that this 66-year-old female was reportedly injured on July 14, 2000. A progress note, dated April 18, 2014 indicated that there were ongoing complaints of chronic pain of the lumbar spine. The physical examination demonstrated diminished range of motion of the lumbar spine with 5/5 motor testing in the bilateral lower extremities. Tenderness to palpation of the lumbar spine and 2/2 deep tendon reflexes at the knee and ankle were reported. There were 335 pages almost exclusively of documentation of the claimant's response to the multiple weeks of functional rehabilitation programs, which appeared to have been ongoing, or episodic from shortly after August 2013 through May 2014. Prior to intensive therapies in the functional rehabilitation program, the claimant has also completed a vigorous course of conservative treatment including surgery, physical therapy, TENS unit, injections, acupuncture treatment, activity modifications, chronic opioid therapy, including Opana, Valium, Zanaflex, Norco, and Flexeril, all of which were noted in the progress report dated August 29, 2013 and to which have failed to relieve her level of symptomatology and psychological sequelae. Diagnostic imaging studies were not referenced in the medical records available. The more recent progress report from April 18, 2014 referenced that the claimant was advised to continue medications including Norco twice daily and ketoprofen cream. A notation was made that the claimant reduced her Opana from 2 tablets a day to once daily, and her Norco was also decreased from 5 tablets daily to 2 tablets daily following a functional restoration program. Though it was not referenced how long the decrease lasted. A FRP program was once again recommended for a total of 8 weeks. A request had been made for Valium 10 mg twice daily #60 and was not certified in the pre-authorization process on May 2nd, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vallum 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the California Chronic Pain Medical Treatment guidelines, Valium, a benzodiazepine, is not supported for long-term use due to the risk of dependence. The use of this medication is limited to 4 weeks in select clinical settings. There has been no documentation in the medical record provided of a flare in symptoms, or a weaning protocol that may warrant the initiation of this medication for short-term use. In the absence of such documentation, and in the absence of the current use and need for weaning, the use of this medication would not be considered medically necessary.