

Case Number:	CM14-0172590		
Date Assigned:	10/23/2014	Date of Injury:	08/30/2010
Decision Date:	09/15/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old male, who sustained an industrial injury on 8-30-10. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic pain syndrome; postlaminectomy syndrome; thoracolumbar radiculopathy; anxiety; depression. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-2-14 indicated the injured worker was in this office as a follow-up appointment. He complains of lower back pain rating the pain as 9 out 10. He characterizes the pain as aching, dull and sore. It radiates to the right leg and describes the pain as severe. His condition is associated with numbness and states his medications are not effective. The provider notes the injured worker is showing no signs of developing medications dependency. The level of sleep for the injured worker is decreased due to difficulty in staying asleep. The quality of sleep is reported as good. His pain level has remained unchanged since his last visit. The provider documents the injured worker is waiting for authorization for a "Posturepedic bed". His current medications are Diazepam 10mg, Wellbutrin 100mg and Menthoderm Ointment; Quazepam 15mg; Nucynta ER 50mg and Glimepiride 2mg. On physical examination, the provider documents an antalgic gait. The lumbar spine on palpitation notes paravertebral muscle spasms, tenderness and tight muscle band on the right side. He cannot walk heel-toe. Lumbar facet loading is positive on both sides. His straight leg raising is positive on the right side at 60 degrees in sitting position and tenderness is noted over the sacroiliac spine. On sensory examination light touch sensation is decreased over the medial calf, lateral calf on the right side.

The providers treatment plan includes a follow-up in 4 weeks. The provider is requesting authorization of Valium 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Beside Valium, the patient has been prescribed quazepam, which is also a benzodiazepine medication. In addition, there is no functional improvement from the use of these medications. Therefore, the prescription of Valium (Diazepam) 10mg #30 is not medically necessary.