MAXIMUS Federal Services

Case Number:	CM14-0217594		
Date Assigned:	01/07/2015	Date of Injury:	07/29/2004
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male worker was injured on 07/29/2004 while being employed. Per documentation he received an injury to his right lower extremity. On provider visit dated 10/22/2014 he complained of pain in the low back, left hip, left knee, bilateral hands and right lower extremity stump. On examination there was noted tenderness to the right lower extremity, amputation site was noted as medial aspect deformity with excess skin and tissue and noted some knee pain to the bilateral joint lines as well. His medications were Viagra, Norco, Flexeril, Ativan, Omeprazole, Wellbutrin and Ambien. He was noted to be not working. Diagnoses were as followed: status post right foot crush injury, severe right lower extremity complex regional pain syndrome , status post implant of spinal cord stimulator, left shoulder impingement, left lateral epicondylitis, left wrist overuse syndrome, status post right lower extremity below-knee amputation a small wound infection, left knee patellar tendinitis, reflex sympathetic dystrophy, total knee prosthesis and residual sympathetic dystrophy. Treatment plan included right stump revision and renewal of Flexeril, Norco and Prilosec. A new prescription for Valium 10mg q.h.s. #30 for anxiety was prescribed. The injured worker was noted to be under the care of another doctor for psychiatric issues. His disability status was noted as permanent and stationary. The Utilization Review dated 12/05/2014 non-certified the request for 1 prescription for Valium 10 mg #30 as not being medically necessary. The reviewing physician referred to Chronic Pain Medical Treatment Guidelines for recommendations.

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: The patient presents with lower back pain s/p implant SCS and s/p right knee BKA with stump revision authorized. The current request is for 1 PRESCRIPTION OF VALIUM 10 MG #30 (Diazepam-a Benzodiazepine) per the 10/22/14 report and RFA. The patient is not working. MTUS, Benzodiazepines, page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. "The 10/22/14 report states that the patient in being started on this medication as part of his regimen for (sleep aid) and (for anxiety). In this case, guidelines state that Benzodiazepines are intended for short term-use. The request is for #30; however, the treater does not state use is for the short term. Furthermore, the reports show another Benzodiazepine, Ativan, prescribed long term from 07/30/14 to 09/18/14 and it also is a listed medication on 12/18/14. Due to long-term use outside of the guidelines, the request IS NOT medically necessary.