

Case Number:	CM14-0038880		
Date Assigned:	06/27/2014	Date of Injury:	11/16/2012
Decision Date:	02/25/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 York

Certification(s)/Specialty: Internal 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 claimant is a 62 yo female who sustained an industrial injury on 11/16/2012. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, degenerative disc disease of the lumbar spine, lumbar spondylolisthesis, and cervical degenerative disc disease status post anterior cervical fusion at 2 levels. She complains of low back pain which radiates down the left leg. On physical exam she ambulates with an antalgic gait there is decreased range of lumbar motion with associated paravertebral muscle spasm. Toe drop on attempted heel walking on the left was noted. Treatment in addition to surgery has included medical therapy. The treating provider has requested Valium 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Diazepam, first marketed as Valium is a benzodiazepine drug. It is commonly used to treat a wide range of conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless legs syndrome, alcohol withdrawal syndrome, benzodiazepine withdrawal syndrome, opiate withdrawal syndrome, and Meniere's disease. It may also be used before certain medical procedures (such as endoscopies) to reduce tension and anxiety, and in some surgical procedures to induce amnesia (it may be used to hasten the onset of intravenous (IV) anesthesia while reducing dose requirements or as the sole agent when IV anesthesia is not available or is contraindicated). It possesses anxiolytic, anticonvulsant, hypnotic, sedative, skeletal muscle relaxant, and amnestic properties. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates the claimant has significant back spasms and the medication is being requested for a period of 15 days only. Medical necessity for the requested medication has been established. The requested treatment is medically necessary.