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| Case Number: | CM14-0049636 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 07/17/2009 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 (IW) is a 49-year-old male who sustained an industrial injury on 07/17/2009. Diagnoses include lumbar post-laminectomy syndrome-status post L4-5 interbody fusion, right lower extremity radiculopathy, history of left chip avulsion fracture-left ankle, left knee infection, right femur status post ORIF and reactive depression/anxiety. Numerous CT scans, MRIs and x-rays were done, showing herniated discs, hypertrophic facet changes and post-operative changes. The IW was treated by several providers for problems relating to the original back injury, including obesity, Cushing's disease and urological issues. Treatment to date has included medications, activity modification, spinal injections, spinal fusion, hip surgery and physical therapy. According to the visit note dated 3/10/14, the IW reported severe, debilitating back pain due to the effects of the epidural injection having waned. He also complained of right hip pain; he was status post open reduction internal fixation (ORIF) of the right hip on 1/13/13. He felt the gait problem caused by the hip pain was causing the flare-up of back pain. On examination, there was tenderness to the bilateral lumbar paraspinal muscles with increased muscle rigidity and trigger points. Range of motion was decreased and painful. Straight leg raise was positive bilaterally at 60 degrees from a modified sitting position. Sensation was decreased on the right leg in approximate L5-S1 distribution. A request was made for Valium 10mg, #60 for anxiety related to his medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, qid prn, #120: Upheld

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

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

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Records indicate that the patient has been on Valium since at least 2013, far in excess of the 4-week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. The original utilization review modified the request to allow for weaning purposes, which is reasonable. The request is in excess of the guidelines. As such, the request is not medically necessary.