

Case Number:	CM14-0053740		
Date Assigned:	07/09/2014	Date of Injury:	06/10/2001
Decision Date:	05/27/2015	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/22/2014

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: Emergency 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 75-year-old female, who sustained an industrial injury on 06/10/01. The injured worker has complaints of neuritic symptoms in her lower extremity. The Progress Note dated 11/12/14 noted that the injured worker had been using the valium at night and says that she ends up taking it once or twice a week and that it is supported at night since she complains that paresthasias and dysesthasias in her right foot are most troublesome at night. The diagnoses have included joint pain, ankle and foot; abnormal gait; unspecified peripheral neuropathy and restless legs syndrome. Treatment to date has included surgical resection of the distal sural nerve; arthroscopy with extensive debridement, right ankle; right decompression and transposition of superficial peroneal nerve and tenolysis of extensor tendon; right lower extremity nerve conduction and medications. The request was for valium (Dose, Frequency and Duration unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (Dose, Frequency and Duration unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short term use due to high tolerance and side effects. Pt is taking the medication intermittently and chronically for claimed spasms and pain with no documentation of any benefit. Use of a benzodiazepine in geriatric population has a high risk for adverse effects. Lack of indication chronic use and incomplete prescription, with no dose frequency or, total tablets means that Valium is not medically necessary.