

Case Number:	CM15-0010266		
Date Assigned:	01/27/2015	Date of Injury:	11/03/1998
Decision Date:	03/17/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/17/2015

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:

The injured worker is a 57 year old male, who sustained an industrial injury on 11/03/1998. He has reported pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, thoracic spine, bilateral elbows, bilateral hips, bilateral knees, bilateral low back, and bilateral ankles/feet. The diagnoses have included chronic pain syndrome, lumbar back pain, lumbar radiculopathy, lumbar degenerative disc disease, and anxiety. Treatment to date has included medications, activity modification, and physical therapy to the cervical spine. Medications have included Ibuprofen, Zanaflex, Oxycontin, Lyrica, and Valium. A progress note from the treating physician, dated 12/02/2014, documented a follow-up visit with the injured worker. The injured worker reported constant pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, thoracic spine, bilateral elbows, bilateral hips, bilateral knees, bilateral low back, and bilateral ankles/feet; pain is rated 8/10 on the visual analog scale, and rated 10/10 at the worst; and no change in pain control since last visit. Objective findings included tenderness to palpation of the lumbar spine; decreased range of motion of the torso; antalgic gait; and positive for bilateral leg radicular symptoms and bilateral straight leg test. The treatment plan includes continuation of medications; continuation of physical therapy and exercise; request aqua therapy; request lumbar epidural steroid injection; and follow-up evaluation in one month. On 12/25/2014 Utilization Review modified a prescription for Valium 10 mg #90, to Valium 10 mg #50. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited. On 01/17/2015, the injured worker submitted an application for IMR for review of a prescription for Valium 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

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 Benzodiazepines, page 23.

Decision rationale: Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Valium 10mg #90 is not medically necessary and appropriate.