

Case Number:	CM15-0010952		
Date Assigned:	01/27/2015	Date of Injury:	04/13/2000
Decision Date:	03/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male, who sustained an industrial injury on 04/13/2010. The diagnoses have included history of disk herniation at L5-S1, neuropathic burning pain in the lower extremities, and gastroesophageal reflux disease secondary to medications. Treatments to date have included narcotic injections, Valium, Percocet. Diagnostics to date have included lumbar MRI which revealed degenerative disk disease and disc herniation at L5-S1. In a progress note dated 12/30/2014, the injured worker presented with complaints of severe back pain. The treating physician reported a flare up of back pain and stated his medications keep the injured worker functional. Utilization Review determination on 01/15/2015 non-certified the request for 1 Prescription of Valium 5 mg #30 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 04/13/2010. The medical records provided indicate the diagnosis of disk herniation at L5-S1, neuropathic burning pain in the lower extremities, and gastroesophageal reflux disease secondary to medications. Treatments to date have included narcotic injections, Valium, Percocet. The medical records provided for review do not indicate a medical necessity for Valium 5mg #30 . The records indicate the injured worker has been taking this medication for several years. The MTUS does not recommend the use of the Benzodiazepines for more than 4 weeks due to adverse effects.