

Case Number:	CM15-0112769		
Date Assigned:	06/19/2015	Date of Injury:	02/02/1976
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 was a 68 year old male, who sustained an industrial injury, February 2, 1976. The injury was sustained when the injured worker fell off the back of a flatbed truck. The injured worker previously received the following treatments bilateral shoulder surgery, cervical discectomy, right knee arthroscopic surgery, lumbar discectomy, bilateral hip arthroplasties, Vicodin, Valium, Soma, Omeprazole, Lunesta, multiple facet blocks including radiofrequency ablation of the lumbar facet. The injured worker was diagnosed with neck pain, low back pain, bilateral hip pain and left thigh pain, gastrointestinal reflux disease, post laminectomy syndrome, internal derangement of the bilateral hips status post bilateral arthroplasty. The low back pain was aggravated by standing and walking more than quarter mile or 15 minutes. The injured worker was getting some lateral thigh pain to the posterior portion of the thigh to the knee made worse by prolonged sitting. The neck pain was relatively more trivial than the low back pain, but also increased with activity. The injured worker was using Lunesta for sleep. The injured worker was taking on average 5 Vicodin a day to control pain. The physical exam noted the injured worker ambulated without difficulty. The injured worker had flattened lumbar lordosis. The flexion was limited around 40 degrees and extension was around 10 degrees. The straight leg rises on the left causing buttocks and posterior thigh pain. According to progress note of May 11, 2015, the injured worker's chief complaint was neck pain, low back pain, bilateral hip pain and left thigh pain. The treatment plan included were prescriptions of Lunesta and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The requested Valium 10mg #20, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The treating physician has documented that the injured worker ambulated without difficulty. The injured worker had flattened lumbar lordosis. The flexion was limited around 40 degrees and extension was around 10 degrees. The straight leg rises on the left causing buttocks and posterior thigh pain. According to progress note of May 11, 2015, the injured worker's chief complaint was neck pain, low back pain, bilateral hip pain and left thigh pain. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 10mg #20 is not medically necessary.