

Case Number:	CM15-0124817		
Date Assigned:	07/09/2015	Date of Injury:	06/11/2001
Decision Date:	09/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Internal 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 36-year-old male, who sustained an industrial injury on 6/11/2001. The mechanism of injury is not indicated. The injured worker was diagnosed as having history of lumbar sprain/strain with left radicular symptoms, and low back pain flare up. Treatment to date has included medications, and multiple injections for pain. The request is for Valium. On 12/4/2014, he complained of worsened back pain that was shooting down the left back into the buttock and leg. He requested a Toradol injection, which he indicated, gives him good relief. He also indicated he had been having severe spasms, and found that Flexeril was not working. He indicated Valium usually works well for him. He reported a 50% pain reduction and 50% functional improvement with activities of daily living with using pain medications. He is working part time for his brother. He rated his pain 9/10 down to 4/10 with medications. Physical examination revealed limited range of motion of the low back, along with muscle spasms. He was given an injection of Toradol, and refills for Norco, Valium, and Ibuprofen. On 12/29/2014, he reported flare of back pain with muscle spasms in the left low back. He rated his pain 9/10. He was continued on Valium. On 1/26/2015, he reported flare of back pain and muscle spasm with pain down the left leg. He requested another Toradol injection. He works part time. He rated his pain 8/10. He is continued on Norco and given an injection of Toradol. On 2/27/2015, he reported worsening back pain with pain down the left leg. He rated the pain as 9/10. He reported not being able to function without pain medications. He requested another Toradol injection. He is working part time. He was given an injection of Toradol and Norco and Ibuprofen were continued. On 3/26/2015, he reported back pain flare. He stated he had spasms

and could not stand up straight. He continues to work part time. He reported his pain as 9/10. Muscle spasm in the low back is noted on examination. He is given an injection of Toradol, refills on Norco, Ibuprofen and Valium. On 4/23/2015, he reported a flare of back pain. He rated his pain as 9/10. He continued to work part time. Physical examination revealed a positive straight leg raise test bilaterally. On 5/21/2015, he rated his low back pain as 9/10. He continued to work part time. He indicated use of Norco up to 6 per day, Ibuprofen, and occasional Valium for spasms. He reported medications work well for him. He requested a pain shot. Physical examination revealed positive straight leg raise testing bilaterally. No spasms are noted. He is given an injection of Dilaudid with Phenergan, which is noted to have decreased his pain to 3/10. He was given refills on Norco, Ibuprofen, Valium, and samples of Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement; Benzodiazepines; Functional restoration approach to chronic pain management Page(s): 1, 8-9, 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Valium 10 mg #30 is not medically necessary, by MTUS.