

Case Number:	CM15-0164037		
Date Assigned:	09/01/2015	Date of Injury:	03/04/2011
Decision Date:	11/17/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 52-year-old male, with a reported date of injury of 03-04-2011. The diagnoses include lumbar sprain, knee sprain, left ankle and foot sprain, Achilles tendonitis with calcaneal bursitis, peroneal tendonitis, status post excision of spur, and chronic pain syndrome. Treatments and evaluation to date have included Valium (since at least 01-2015), and Norco. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-17-2015 indicates that the injured worker was working full-time regular duties. He had intermittent low back pain, and managed his symptoms with medication and rest as needed. On 06-25-2015, it was noted that the injured worker had intermittent left wrist pain with numbness and tingling. The objective findings (07-17-2015) include tenderness along the lumbar paraspinal muscle; pain along the facets; pain with facet loading; and pain along the left ankle and left heel, and along the Achilles tendon with no swelling. The objective findings (06-25-2015) include mild tenderness along the carpal tunnel. The treatment plan included a prescription for Valium for muscle spasm and anxiety. The treating physician requested Valium 10mg #15. On 07-28-2015, Utilization Review (UR) modified the request for Valium 10mg #15 to Valium 10mg #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Valium 10mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of having used Valium frequently and regularly over months for chronic pain leading up to this request. Although there was report of him working full time again, there was no direct connection suggested in the notes to show Valium produced this benefit or any other functional gains with its regular use. Also, there was no mention of an attempt to use less of this medication. Regardless, this medication class is not recommended for chronic use as requested. Therefore, considering the above reasons, this request is not medically necessary.