

Case Number:	CM15-0175013		
Date Assigned:	09/16/2015	Date of Injury:	12/15/2014
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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, West Virginia, Pennsylvania
 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 is a 40-year-old male, who sustained an industrial-work injury on 12-15-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain with right sciatica, low back pain, facet syndrome, and lumbar degenerative disc disease (DDD). Medical records dated (2-18-15 to 8-12-15) indicate that the injured worker complains of pain in the low back that radiate to the right sciatic notch and buttocks. The injured worker complains of lumbar pain and spasm, stiffness, difficulty with sitting and standing and difficulty with pushing, pulling, lifting, bending and difficulty with heavy lifting. The pain is rated 8 out of 10 without medications and 5 out of 10 with medication. The physician indicates in the medical record dated 8-12-15 that the injured worker has "increased muscle spasm and that a low dose of Valium would be indicated for a short period of time." The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 3-4-15 the injured worker has returned to work with modified duties and restrictions. The physical exam dated from (5-12-15 to 7-15-15) reveals that the lumbar exam has spasm, tenderness to palpation of the paraspinal musculature and right sciatic notch and lumbar range of motion is 45 degrees with flexion, 20 degrees with extension, and 20 degrees with left and right lateral bending. The medical record dated 8-12-15 indicates that there is lumbar muscle spasm and some trigger points. The motion is limited because of pain. Treatment to date has included pain medication including Norco, Flexeril, Terocin patch, Valium since at least 8-12-15, lumbar medial branch block 7-2-15 with 70 percent relief for 2 days, right radiofrequency lumbar ablation 8-6-15, physical therapy at least 12 sessions and home exercise program (HEP).

The treating physician indicates that the urine drug test result dated 5-18-15 was consistent with the medication prescribed. The original Utilization review dated 8-25-15 non-certified a request for Valium 2mg #5 as per the guidelines the use of benzodiazepines to treat spasm is not a first line choice nor is it supported by the guidelines, therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #5: 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: Guidelines do not recommend benzodiazepines as first line medications to treat spasm. In this case, the patient has already been prescribed Flexeril for spasms. The request for valium 2 mg #5 is not medically appropriate and necessary.