

Case Number:	CM15-0078329		
Date Assigned:	04/29/2015	Date of Injury:	10/14/2003
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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 is a(n) 50 year old male, who sustained an industrial injury on 10/14/03. He reported pain in his lower back and right lower extremity. The injured worker was diagnosed as having status post lumbar fusion. Treatment to date has included chiropractic treatments, spinal cord stimulator and pain medications. As of the PR2 dated 2/23/15, the injured worker reports the spinal cord stimulator is helping his pain, but he is having some numbness and pain in his leg. The treating physician wrote a prescription for Valium for spasms. There is no documentation of characteristics or any information concerning claimed spasms and objective exam documents no spasms. The treating physician requested Valium (unspecified dose and qty).

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (unspecified dose and qty): 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(s): 23.

Decision rationale: As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short term use due to high tolerance and side effects. It has poor efficacy for muscle spasms. The prescription request is incomplete with no dosage, frequency or total number of tablets requested therefore any prescriptions requested cannot be appropriately assessed or safely approved. Valium is not medically necessary.