

Case Number:	CM15-0078507		
Date Assigned:	04/30/2015	Date of Injury:	03/22/2013
Decision Date:	05/29/2015	UR Denial Date:	04/14/2015
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: Orthopedic Surgery

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 53 year old male who sustained an industrial injury on 03/22/2013. Current diagnoses include lumbar radiculopathy with left foot drop, status post laminotomy and hemilaminectomy, left foraminal stenosis and recurrent foraminal stenosis with segmental collapse. Previous treatments included medication management, and back surgery. Previous diagnostic studies include an MRI's of the lumbar spine, EMG/NCS, and x-rays of the lumbar spine. Report dated 03/26/2015 noted that the injured worker presented with complaints that included left sided lower back pain with muscle spasms and pain in the left leg. Pain level was 8-9 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for surgery and return in 6 weeks. Disputed treatments include post operative Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Valium Tab 5 MG #30: Upheld

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the request is specifically for postoperative Valium. As the surgical procedure has yet to be authorized, the decision for postoperative Valium is not appropriate. Therefore the request for Valium is not medically necessary and is not certified.