

Case Number:	CM15-0091593		
Date Assigned:	05/15/2015	Date of Injury:	06/04/1997
Decision Date:	09/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 63 year old male, who sustained an industrial injury on 06-04-1997. He has reported injury to the low back. The diagnoses have included chronic pain due to trauma; sacroiliitis; postlaminectomy syndrome of lumbar region; neck pain; lumbago; lumbosacral radiculitis; myalgia and myositis, unspecified; degeneration of lumbar or lumbosacral intervertebral disc; and cervical radiculopathy. Treatment to date has included medications, diagnostics, activity modifications, injections, physical therapy, and surgical intervention. Medications have included Celebrex, Tylenol, Gabapentin, Wellbutrin SR, and Zoloft. A progress note from the treating physician, dated 04-17-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe back pain; the problem is fluctuating and occurs persistently; the pain is in the middle back, lower back, and neck; pain is radiated to the left ankle, left arm, left calf, left foot, right foot, and left thigh; the pain is described as an ache, deep, numbness, piercing, sharp, shooting, stabbing, and throbbing; symptoms are aggravated by ascending stairs, bending, changing positions, descending stairs, flexion, extension, twisting, and walking; symptoms are relieved by lying down and rest; pain is rated at 8 out of 10 in intensity without medications; the pain is rated at 7 out of 10 in intensity with medications; and with medications, he struggles, but he is able to fulfill daily home responsibilities. Objective findings included active painful range of motion of the cervical spine; crepitus is present; tenderness of the cervical spine with radicular pain to the left shoulder, left arm, cervical root, pericervical, periscapular, and trapezius regions; pain with facet loading maneuvers; antalgic gait; mild lumbar spasms; tenderness to the lumbar region at the spinous,

paraspinous, gluteals, pirformis, quadratus, and sciatic notch; painful palpation to the left buttock; positive straight leg raise; and lumbar range of motion is severely restricted and painful. The treatment plan has included the request for Valium 10mg, #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p.24.

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, the Valium was recommended to be added to the worker's list of medications for the purpose of taking 1/2 pill prior to "procedures." There was no mention of which procedures were coming up and approved to warrant this request. Therefore, the Valium 10mg #3 will be considered medically unnecessary at this time.