

Case Number:	CM15-0098999		
Date Assigned:	06/01/2015	Date of Injury:	06/20/2012
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who sustained an industrial lifting injury on 06/20/2012. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis/radiculitis and status post fusion with residual pain. The injured worker had an anterior interbody fusion L4-5 (2008) and a lumbar laminectomy at L5, partial laminectomy S1, posterior interbody fusion L5-S1 on January 2, 2014. Treatment to date includes diagnostic testing, surgery, physical therapy, epidural steroid injection, home exercise program, left sacroiliac injection on April 20, 2015 and medications. According to the primary treating physician's progress report on April 7, 2015, the injured worker continues to experience low back pain with numbness and tingling into the lower extremities and left sacroiliac pain. The injured worker rates his pain level at 8/10 without medications and 4-4.5/10 with medications. Examination demonstrated taut muscle bands with guarding of the lumbar paraspinal muscles. Straight leg raise was positive bilaterally causing burning pain down the right lateral calf. Hypoesthesia was noted along the L5 and S1 dermatome distribution. There was overall weakness of the extensor hallucis longus tendon on the right. Current medications are listed as Norco 10/325 mg, Neurontin and Valium. Treatment plan consists of reviewing Computed Tomography (CT) scan and the current request for Valium 10mg. The progress report dated May 5, 2015 states that Valium "is a common medication and used frequently in this office for patient with anxiety secondary to pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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." 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. Within the documentation available for review, there is no documentation identifying any subjective complaints of anxiety, objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.