

Case Number:	CM14-0038920		
Date Assigned:	06/27/2014	Date of Injury:	03/23/1999
Decision Date:	08/18/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 60-year-old individual was reportedly injured on March 23, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of myofascial low back pain that has resolved. The physical examination demonstrated tenderness to palpation over the lumbar spine, a decreased range of motion, and a bilateral straight leg raise. Deep tendon reflexes were noted to be 1+. Diagnostic imaging studies were not reviewed. Previous treatment included conservative care, multiple medications, TENS and multiple lumbar fusion surgeries. A request had been made for Valium and was not certified in the pre-authorization process on March 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Valium 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Benzodiazepine: (Tapering).

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

Decision rationale: When noting the date of injury, the current clinical evaluation, and the parameters outlined in the MTUS, this medication is not recommended for chronic, long-term or indefinite use. There is a significant risk of dependence. There was evidence supported for the occasional acute flare type intervention. However, as noted in the progress note, this flareup has resolved. Therefore, based on the clinical fracture presented for review, this is not medically necessary.