

Case Number:	CM13-0021201		
Date Assigned:	11/08/2013	Date of Injury:	11/21/2009
Decision Date:	05/09/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 injured worker is a 28-year-old male who reported an injury on 11/21/2009 after he jumped off a trailer, a height of approximately 3 to 4 feet. The injured worker reportedly sustained an injury to his right knee. He ultimately developed a lumbar injury and eventually underwent lumbar fusion in 03/2013. The most recent clinical evaluation submitted for review is dated 08/12/2013. It was documented that the injured worker had 90% to 95% improvement related to the lumbar surgery. Physical findings included a neurologically intact examination. At that time, treatment recommendations included return to standard work duties and follow up evaluation. A request was made for diazepam 5 mg #40; however, there was no recent clinical documentation to justify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 5MG #40: 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): 24.

Decision rationale: The California Medical Treatment and Utilization Schedule does not recommend long term use of benzodiazepines as there is a high risk for physical and psychological dependence. The clinical documentation submitted for review does not provide a medication history. Therefore, there is no way to determine how long the injured worker has been taking this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Diazepam 5 mg #40 is not medically necessary or appropriate.