

Case Number:	CM13-0026674		
Date Assigned:	11/22/2013	Date of Injury:	10/04/2003
Decision Date:	02/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty Certificate in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 41-year-old male presenting with low back pain following a work-related injury on 01/02/02. The claimant is status post posterior fusion at L4-5 and L5-S1. The claimant reports persistent pain and weakness in the right leg. The claimant tried physical therapy. The claimant's medications include Oxycontin 20mg, Lyrica 150mg, Valium 10mg, and Imitrex 50mg. The physical exam was significant for spasms bilaterally over the latissimus dorsi, mild weakness to his right abductor hallucis longus and foot flexors, pain in the lumbar spine and right leg with rotation at 30 degrees bilaterally, positive leg lift on the right at 35 degrees, decreased tendon reflexes on the right compared to the left in the lower extremities, right knee and right ankle, decreased pain and touch sensation at L3, L4 and L5 nerve distribution on the right, antalgic gait on the right and decrease in strength in his right abductor hallucis longus and foot flexors. MRI of the lumbar spine was significant for spondylolisthesis repaired with fusion at L4-5 and L5-S1, bulging disk at L3-4 along with radicular findings in his right leg. The claimant is diagnosed with lumbar discogenic disease, spondylolisthesis with bulging disk at L3-4 and fusion at L4-5 and L5-S1. A request was made for Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (Diazepam) 10mg, #70: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Valium (Diazepam) 10 mg # 70 is not medically necessary. California MTUS states that "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. Their range in action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increasing anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The claimant has been on long-term benzodiazepines, and, per the MTUS guidelines, this is not medically necessary.