

Case Number:	CM13-0042122		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2006
Decision Date:	09/16/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 40-year-old male who has submitted a claim for post laminectomy lumbar syndrome, failed lumbar fusion, and left-sided radiculopathy associated with an industrial injury date of 2/20/2006. Medical records from 2013 were reviewed. Patient complained of low back pain, rated 9/10 in severity, radiating to the right posterior thigh and posterior calf as well as bilaterally into his groin. Aggravating factors included bending, lifting, sitting, and walking. Intake of medications provided symptomatic relief. He denied lower extremity motor weakness, paresthesia, and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and restricted range of motion. FABERE test was positive bilaterally. Gait was normal. Motor strength was normal. Ankle reflexes were absent. Sensory was intact. Treatment to date has included removal of lumbar hardware on 3/6/2013, physical therapy, and medications such as Norco, OxyContin, ibuprofen, and diazepam (since August 2013). Utilization review from 10/4/2013 denied the request for Diazepam 10mg #45 because of no evidence based proven efficacy in the treatment of chronic anxiety, depression, and insomnia. Adjuvant therapy with opioids was likewise not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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 of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on diazepam since August 2013. The medical records submitted and reviewed failed to provide rationale for its use. There was no symptomatic relief or functional improvement attributed to its use. Furthermore, diazepam is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for Diazepam 10mg #45 is not medically necessary.