

Case Number:	CM13-0048982		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2002
Decision Date:	03/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 54 year old male who reported an injury on 07/01/2002. The mechanism of injury was not provided for review. However, the patient's injury ultimately resulted in chronic pain that was managed by multiple medications and an intrathecal pain pump. The patient's most recent medication schedule included Duragesic pain patches, Norco 10/325 mg, diazepam, ibuprofen, Tegaderm, Celebrex, and pain pump medications. The patient's most recent clinical evaluation documented that the patient had 10/10 pain without medications that was reduced to a 6/10 with medications. The patient's diagnoses included back pain of the lumbar and thoracic spine with radiculopathy, degenerative facet disease of the lumbar spine, cervical postlaminectomy syndrome, and anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Diazepam 10mg #60, with one refill: 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 requested 1 prescription of diazepam 10 mg #60 with 1 refill is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does not recommend the use of benzodiazepines for extended durations due to a high risk of physiological and psychological dependence. Guidelines recommendations indicate that treatment duration should be limited to 3 to 4 weeks. As the patient has already been on this medication for duration of treatment longer than what is recommended by guideline recommendations, continued use would not be indicated. Additionally, the request for 60 pills with 1 refill in and of itself exceeds guideline recommendations. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested 1 prescription of diazepam 10 mg #60 with 1 refill is not medically necessary or appropriate.