

Case Number:	CM13-0051016		
Date Assigned:	12/27/2013	Date of Injury:	04/06/1999
Decision Date:	04/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation 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:

This is a 41-year-old gentleman with a date of injury of 4/06/99. Mechanism of injury was lifting a box from the floor while simultaneously twisting his trunk. He was initially diagnosed with a thoracic psine, and subsequently had extensive treatment, including modified activity, PT, TENS, psychotherapy, ESI, injections, aquatic therapy, and an intrathecal pain pump trial. There have been medication issues, and a "No ED visits" agreement was made with the patient and one of the pain management specialists treating him in the past. Due to non-compliance to agreements made with the pain doctor, he was referred out to another physician. He has also been found to have inconsistent toxicology screenings. The patient eventually had a laminectomy, but continued to have pain issues. He is now followed by a pain specialist for diagnoses that include post-laminectomy syndrome of the lumbar sine, anxiety and depression. He is under the care of a pain specialist. He is noted to have continued visits to the ED now and then, where he gets Dilaudid injections. The patient continues to be on multiple meds, including Diazepam for anxiety, Skelaxin, Cymbalta, Oxycodone, Flector, DSS, Senna, Neurontin, Ambien, Methadone, Trazodopne and Norco. A physician review done on 6/29/12 note that the patient should be on Diazepam on a chronic basis, and this was discussed with the prescribing physician's nurse practitioner, who agreed that the pateint should be detoxified off of Diazepam. It is unclear if this was attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10MG TAB #120 REFILL X 5 FOR THE LUMBAR SPINE DISORDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Guidelines do not recommend benzodiazepines for long-term use, as efficacy is unproven in long-term use, and there is risk of dependence. If used, guidelines recommend limiting use to no more than 4 weeks. Long-term use may actually increase anxiety. In this case, the patient has clear drug dependency issues with aberrant behavior, multiple emergency department visits, and inconsistent urine toxicology testing. In prior reviews, the treating provider admitted that Diazepam was not benefitting the patient, and agreed that detoxification from this drug should be done. It appears that despite that agreement, the patient was kept on the drug. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. Medical necessity for ongoing use of Diazepam is not established.