

Case Number:	CM13-0051478		
Date Assigned:	06/09/2014	Date of Injury:	05/02/2003
Decision Date:	07/21/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date on 05/02/2003. Based on the 11/05/13 report provided by [REDACTED] the patient presents with lumbar spine pain. The patients diagnoses are include depressive disorder, chronic pain in the lower back, joint pain in the shoulder region, and postlaminectomy syndrome in the lumbar region. [REDACTED] is requesting Diazepam 5 mg. The utilization review determination being challenged is dated 11/07/2013. [REDACTED] is the requesting provider, and he provided refill clinic reports from 11/05/2013 to 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 5MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Page 24. Page(s): 24.

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

Decision rationale: Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommend for long-term use because long-term efficacy is unproven and there is a risk of

dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. The 11/05/2013 report indicates the patient has not been prescribed Diazepam previously. However, the physician does not state that this is for short-term use. There is no discussion regarding what the goals are for the use of this risky medication including an end point. Only short-term use of this medication is recommended for this medication. Therefore the request is not medically necessary.