

Case Number:	CM13-0059228		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2000
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, 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 49-year-old female with date of injury on 07/25/2000 with no reported mechanism of injury or action. The claimant is reported to have low back pain managed by as needed use of Tramadol, Norco, and Valium. The treating provider reports the patient uses these medications on an as needed basis and with medications during a flare, pain scores decrease from 8 to 3/10. There is no report of abuse over the 14 years of low back pain and the patient is on a chronic, stable regimen. The current request is for Diazepam 5mg #20 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Diazepam 5mg # 20: Overturned

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 claimant has had the injury for 14 years and is currently working full time with her regimen of as needed Diazepam for muscle spasm. The medication is not being used daily and according to the MTUS guidelines, benzodiazepines should not be used for more than 4 weeks. However, this patient is not using daily and using intermittently for muscle spasm.

The pain scores go from 8 to 3/10 and the regimen allows for her to be fully employed. Treating provider has not stated any concerns of abuse, and nor has there been escalation of dose or requests over time for this drug. Therefore, the Diazepam is medically necessary and I am reversing the prior UR decision.