

Case Number:	CM14-0002439		
Date Assigned:	03/03/2014	Date of Injury:	05/25/2005
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Practice, 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 injured worker is a 56 year old male injured on 02/25/13 when the vehicle he was operating was overturned landing on top of him resulting in right shoulder injury, laceration to the back, rib fractures, and pneumothorax (collapsed lung). Current diagnoses included chronic pain syndrome, post-surgical arthrodesis, and thoracic/lumbosacral neuritis/radiculitis. The injured worker underwent spine surgery (L1 through L-4) laminectomy with rod placement in 2009. The patient experienced occasional right sided leg pain described as shooting hand numbness on the top of his right foot post-operatively. A clinical note dated 12/19/13 indicated complaints of two days of severe back pain radiating into the right lower extremity. The patient had been utilizing Tramadol and Valium on a regular basis for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 5MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain 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 four weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. According to the medical records provided for review, the patient has exceeded the four week treatment window. As such, the request is not medically necessary and appropriate.