

<b>Case Number:</b>	CM14-0011384		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Occupational 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 who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbago, depression, and anxiety associated with an industrial injury date of 09/12/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity, associated with pins and needles sensation. Intake of medications provided relief of symptoms from 7 to 4/10 in severity. She had improved sleep and mood. Physical examination of the lumbar spine showed loss of normal lordosis, tenderness, and restricted motion. Reflexes were normal. Straight leg raise test was negative. Strength of left knee extensor and left ankle dorsiflexor was graded 4/5. Current treatment plan from 02/21/2014 report includes opioid discontinuation if THC shows positive in her next random urine drug screen. Treatment to date has included lumbar epidural steroid injection, shoulder surgery, physical therapy, and medications such as Cymbalta, Ultram ER, Atenolol, Lisinopril, Lovastatin and Nifedipine. Utilization review from 01/07/2014 denied the request for Diazepam date of service 12/04/2013 because it was not recommended for low back pain, and denied cannabinoids date of service 12/04/2013 because of lack of indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM DATE OF SERVICE 12-4-13,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 80.

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

**Decision rationale:** As stated on page 24 of California MTUS Chronic Pain Medical Treatment 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 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, there was no documented rationale for Diazepam. There was no discussion concerning sleep hygiene, which may necessitate its use. The request failed to specify dosage and quantity to be dispensed. A progress report from 12/4/13 was not made available for review. The medical necessity was not established due to insufficient information. Therefore, the retrospective request for Diazepam was not medically necessary.

**CANNABINOIDS, DATE OF SERVICE 12-4-13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, patient had a history of positive THC / tetrahydrocannabinol levels in previous urine drug screen as cited from 02/21/2014 report. THC was not included in her treatment regimen. Aberrant drug behavior was strongly suspected; hence, a more frequent urine drug screen was indicated. However, the request as submitted was nonspecific, as it may mean prescription for THC or urine drug screen for THC. The request was incomplete; therefore, the retrospective request for Cannabinoids was not medically necessary.