

Case Number:	CM14-0153068		
Date Assigned:	10/06/2014	Date of Injury:	05/20/2013
Decision Date:	11/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of acupuncture; and unspecified amounts of physical therapy over the course of the claim. In an August 29, 2014 progress note, the claims administrator denied a request for diazepam, invoking non-MTUS ODG guidelines, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a progress note dated August 26, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was using four to six tablets of Norco daily along with two to three tablets of Valium. Operating diagnoses included low back pain, neck pain, and shoulder pain. The applicant was asked to pursue additional acupuncture, manipulative therapy, and massage therapy while remaining off of work. The applicant was given prescriptions for both Valium and Ultram in an emergency department note of August 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: 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 section. Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as diazepam are not recommended for chronic or long-term use purposes, with most guidelines limiting usage to four weeks. In this case, the applicant has been using diazepam for what appears to be a span of several months, for muscle relaxant effect. This is not an MTUS-endorsed role for diazepam, a benzodiazepine anxiolytic. Therefore, the request Diazepam 5mg #60 is not medically necessary and appropriate.