

Case Number:	CM14-0155554		
Date Assigned:	09/25/2014	Date of Injury:	07/31/2005
Decision Date:	11/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 53 year old male who sustained an industrial injury on 11/15/1994. His diagnosis is chronic low back pain s/p laminectomy and posterior lumbar fusion, and s/p artificial disk replacement. He continues to complain of low back pain. On exam there is decreased range of lumbar motion. Motor and sensory exams are normal. Treatment in addition to surgery has included medical therapy with opiates, Diazepam and Flexeril, physical therapy, TENS unit, Home Exercise Program and multiple Epidural Steroid Injections. The treating provider has requested Diazepam 5mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg #60 RF: Upheld

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: Diazepam (Valium) is a benzodiazepine drug having anxiolytic, sedative, and muscle relaxant properties. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is

unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In addition, per the documentation the patient is also taking Flexeril for muscle spasms. Medical necessity for the requested medication, Valium has not been established. The requested treatment is not medically necessary.