

Case Number:	CM14-0164376		
Date Assigned:	10/09/2014	Date of Injury:	06/04/1991
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 56 year old male with an injury date of 6/04/91. Based on the 8/28/14 progress report by [REDACTED], this patient complains of "some pain that is varying with intensity," with pain level today currently 4-5/10. This patient also notices "muscle spasm in mid thoracic area and axial low back pain." He is using Diazepam 10 mg 2 per day to help his spasm." Exam of this patient notes he is able to sit for 15 minutes, but appears uncomfortable. There is diffuse TTP in the low back with "tender over right SI area, mostly from of lumbar and thoracic spine without pain behavior." Assessments for this patient include:1. Displacement Int Disc, lumbar2. Degeneration of lumb disc3. Disorder of sacrum NOS4. Morton's neuroma5. Lumbar disc protrusion at L4-5 with neurforaminal impingementThe utilization review being challenged is dated 9/26/14. The 9/18/14 request for authorization was denied due to "no valid listed medical condition, medication not the most appropriate for the clinical condition, and no documentation of urine drug screens." The request is for Diazepam 10mg #90. The requesting provider is [REDACTED] and he has provided various progress reports from 4/16/14 to 8/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill 2010 and on the Physician's Desk Reference, 68th ed.

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

Decision rationale: This patient presents with spasms and pain in the mid thoracic area and low back. The treater requests Diazepam 10mg #90. Regarding benzodiazepines, MTUS guidelines recommend a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The 8/28/14 progress note indicate current medication regimen for this patient includes Diazepam and Oxycodone Hydrochloride; treatment plan is to "Refill Diazepam tablet, 1 tab(s), orally, TID prn (3 times a day as needed)." Review of submitted documents indicates this patient was prescribed Diazepam prior to 2/11/14. Requested quantity also increased to #90, which the treater currently requests. This patient's continued use of Diazepam from 2/11/14 to 8/28/14, for greater than six months, not only exceeds the recommended MTUS timeframe of 4 weeks; but continued and long-term use is not supported by MTUS guidelines. Furthermore, benzodiazepines, act synergistically with other drugs such as opioids, in this case, Oxycodone Hydrochloride (also prescribed), which can cause adverse effects. Also, given the risk of dependence and tolerance, with a lack of a proactive schedule to wean-to-discontinue, the request of Diazepam 10mg #90 is not medically necessary and appropriate.