

Case Number:	CM14-0169853		
Date Assigned:	10/20/2014	Date of Injury:	09/23/2008
Decision Date:	11/20/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 59 year old male with a date of injury on 9/23/2008. As per the report of 10/07/14, he complained of back and leg pain. He described his back pain as persistent, burning, and stabbing pain across his lower back that radiate to his lower extremities anteriorly, laterally, and posteriorly; the leg pain as numb, aching, stabbing, and burning pain. He rated his pain at 10/10 in intensity without medication and injection and 4/10 with medication and injection. He stated that pain worse with prolonged standing, sitting, bending, and lifting. He had improvement with changing positions, lying down, medications, injections, and physical therapy (PT) exercises. He had tenderness over the lumbar paraspinals bilaterally. There was evidence of spasms. He had diminished reflexes on the left compared to the right. He had decreased sensation in the left L4, L5, and S1 distributions. He had an altered sensation diffusely down the right leg. Strength was 5/5 in the lower extremities except for left hip flexors, which were 4+/5, left ankle dorsiflexion and left extensor hallucis longus were 4+/5. Straight leg raising (SLR) was positive bilaterally. His gait was antalgic. He has had interlaminar epidural steroid injection (ESI) at L5-S1 on 09/17/12. The lumbar epidural steroid injection (ESI) he had on 04/07/14 decreased his pain to 70% for 3 months. He failed to significantly improve from physical therapy (PT) and non-steroidal anti-inflammatory drugs (NSAIDS) in the past. He was using a back brace. Current medications include Norco, Ibuprofen, and Diazepam. He continued to feel that medications helped to control pain and increase function. A urine drug screen (UDS) was positive for opioids. He has been taking diazepam since at least 04/21/14. Diagnoses include lumbar discogenic pain, chronic low back pain (LBP), lumbar degenerative disc disease (DDD), left L5 chronic radiculopathy, left L4, L5, and S1 chronic radiculitis, lumbar myofascial pain, and chronic pain syndrome. The request for Diazepam 10mg #60 twice daily or as needed (PRN) spasms was denied on 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60 twice a day (BID) as needed (PRN) spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Muscle Relaxants (for pain).

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

Decision rationale: Per guidelines, Valium (Diazepam) is not recommended for long-term use. Diazepam is a long-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the 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. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Diazepam is appropriate and medically necessary for this injured worker, thus the request is not certified.