

Case Number:	CM14-0020751		
Date Assigned:	05/02/2014	Date of Injury:	06/15/2004
Decision Date:	07/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 underwent Anterior Cervical Discectomy and Fusion (ACDF) at C6-7 on 10/19/13. Treatment to date has included medication, chiropractic care, cervical ESI, cervical medial branch blocks, physical therapy, and activity modification. The patient was prescribed benzodiazepines on 9/30/13, with no subsequent assessment of the patient's objective response, yet, benzodiazepines were again prescribed on 10/21/13, with no subsequent assessment of the patient's response. 11/7/13 progress report indicates that the patient's status has markedly improved following the ACDF; he is weaning down his own medicines. The patient will still be noted to use Valium, with no assessment passed through efficacy. Another prescription was issued. Without subsequent assessment of prior efficacy, another prescription for Valium was issued on 12/19/13. There is documentation of a previous 1/16/14 adverse determination with modification to #30 as the patient was to be followed up on in a month and guidelines do not recommend benzodiazepine therapy beyond 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM TAB 5 MG, DAYS SUPPLY: 30 QUANTITY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 2.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, the patient has used benzodiazepines since at least September 2013, with no ongoing assessment as to efficacy. Clear indications for diazepam were not established. Lastly, it is unclear why the previous modified certification to #30 would be insufficient to initiate weaning. Therefore, the request for Diazepam Tab 5 mg, Days Supply: 30 Quantity: 30 is not medically necessary.