

Case Number:	CM14-0024800		
Date Assigned:	06/11/2014	Date of Injury:	06/08/2003
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 and 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:

This is a male patient with the date of injury of June 8, 2003. A Visit Note dated February 6, 2014 identifies Chief Complaint of lower back pain. It radiates down both hips. Physical Exam identifies tenderness to palpation in the trochanteric. Trigger points palpated in the lower trapezius, gluteus maximus, quadratus lumborum, lumbar region, and lumbosacral bilaterally and IT band tender to touch. Decreased cervical spine and lumbar range of motion. Left hip flexion 3/5, right hip flexion 3/5, left knee extension 4/5, left knee flexion 3/5, right knee flexion 4/5, left ankle dorsiflexion 4/5, and right ankle dorsiflexion 4/5. Paresthesias to light touch noted in the lateral left leg with light touch and pinprick. McMurray's, Lachman's, and patella apprehension tests are positive. SI joint compression test is positive. Diagnoses identify sprains and strains of lumbar region. Assessment and Treatment Plan identify continue to focus on a multidisciplinary approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10 MG PO HS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Chronic Pain Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Diazepam is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Diazepam. Finally, there is no indication that the Diazepam is being prescribed for short-term use, as recommended by the MTUS Chronic Pain Guidelines. In the absence of clarity regarding those issues, the current request is not medically necessary.