

Case Number:	CM14-0030714		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2000
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 Acupuncture & Pain Medicine, 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:

56 y/o male injured worker with date of injury 10/10/00 with related constant low back pain and symptoms radiating into the lower extremities. He is status post anterior and posterior fusions at L4-L5 and L5-S1. The primary treating physician is concerned this patient may have a pseudoarthrosis. MRI of the lumbar spine dated 11/27/00 revealed mild degenerative disc and spondylitic changes as described in the overall canal or foraminal narrowing at any of the levels, no acute abnormalities were seen. The documentation submitted for review does not state if physical therapy was utilized. He has been treated with medication management and surgery. The date of UR decision was 3/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation www.drugs.com.

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

Decision rationale: With regard to benzodiazepines, MTUS CPMTG states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The documentation submitted for review provides no rationale or support for the request. There is no clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. The documentation contains no mention of anxiety, muscle spasm, or insomnia. The request is not medically necessary.