

Case Number:	CM14-0035575		
Date Assigned:	06/23/2014	Date of Injury:	10/09/1995
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas and Oklahoma. 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 41 year old male with a reported injury on 10/09/1995, due to an unknown mechanism. The injured worker complained of severe back pain measuring 8/10 without medication and 5/10 with the medication. On the physical exam dated on 05/25/2014, there was allodynia and hypersensitivity of the left thoracic spine with some hyperhidrosis, and limited extension and lateral bending with no motor deficit. The medications included oxycontin, diazepam, gabapentin, and tramadol. The diagnoses are post lumbar fusion, lumbar disc herniation, intractable pain, and thoracic disc herniation. The treatment plan was for diazepam 10mg number 30. The injured workers treatments and diagnostics are: lumbar fusion in 1999, an MRI of the lumbar spine dated 06/01/2012, and impressions are intervertebral and degenerative changes of the lumbar spine. The authorization form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Medical Utilization Schedule (MTUS) Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependency. 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. The tolerance to hypnotic effect develops rapidly. The tolerance to anxiolytic effect occurs within months, and long-term use may increase anxiety. The tolerance to anticonvulsants and muscle relaxant effects occur within weeks. With that being the case, the injured worker has no supporting documentation of sleep disturbance, anxiety, or seizure/epileptic activity. Furthermore the request does not include the frequency of the proposed medication being given. Therefore, the request is not medically necessary.