

Case Number:	CM14-0050916		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2010
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Family Practice and is licensed to practice in Arizona. 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 29-year-old male with a date of injury on 9/15/2010. The mechanism of original injury is unclear. He had a T12-L1 spinal fusion for chronic back pain on 5/10/2011 after complaints of back pain which first started in 2009. Surgery did not give relief of symptoms of chronic back pain, depression and deconditioning. He continued to have back pain and muscle spasm after surgical intervention and was treated with a number of medications including Norco and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg 1 po BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medications, Antispasmodics Page(s): 66.

Decision rationale: Benzodiazepines are not recommended for long term use in the post-surgical treatment of back pain or muscle spasm per the MTUS 2009 guidelines due to lack of evidence of clinical benefit and rapid tolerance and dependence. Hence, this request is not medically necessary.

