

<b>Case Number:</b>	CM14-0057371		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 62 year-old male injured on 4/15/2003. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 6/2/2014, indicated that there were ongoing complaints of chronic low back pain and bilateral sciatica predominantly on the right. The physical examination demonstrated positive paravertebral spasms. The injured employee ambulated with a cane. Diagnostic imaging studies included an MRI of the lumbar spine, without contrast, dated 8/30/2012 and revealed bilateral pars defect at L5 with Grade II anterolisthesis of L5 in relationship to S1 moderate bilateral foraminal stenosis at this level. Previous treatment included epidural blocks, facet blocks and medications to include Tylenol #3 and Valium. A request had been made for diazepam 5mg #30 with 2 refills and was not certified in the pre-authorization process on 3/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Diazepam 5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, 9792.20 - 9792.26 (Effective July 18, 2009), Benzodiazepines Page(s): 24 OF 127.

**Decision rationale:** Diazepam is a benzodiazepine that is commonly used for the treatment of anxiety disorders, panic disorders, and as a second line agent for the treatment of acute and severe muscle spasms. According to Chronic Pain Medical Treatment Guidelines, this medication and all benzodiazepines have a relatively high abuse potential. Chronic Pain Medical Treatment Guidelines do not recommend long-term use, because long-term efficacy is unproven. This patient does suffer from chronic back pain and currently is experiencing an exacerbation with associated muscle spasm. Since the records reflect this patient has been prescribed diazepam since December 2012 and the guideline recommendation is to limit use to four weeks, this request is not considered medically necessary.