

<b>Case Number:</b>	CM14-0057387		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	09/29/2014	<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 Emergency Medicine, and is licensed to practice in Texas. 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 who reported an injury on 04/15/2003. The mechanism of injury was not provided. On 06/02/2014, the injured worker presented with continuous low back pain and bilateral sciatica. There was spasm noted over the paravertebral area. Prior therapy included an Epidural Block and medications. Diagnosis was not provided at the time of this visit. A medication list was not provided. The provider recommended Diazepam 5 mg, and the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5 mg #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 Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Diazepam 5 mg quantity of 30 and 2 refills is not medically necessary. The California MTUS did not recommend the use of Benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines

limit the use to 4 weeks. The provider's request for Diazepam 5 mg with a quantity of 30 and 2 refills exceeds the guideline recommendations. There is lack of documentation of the efficacy of the medication to support continued use, and the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.