

Case Number:	CM14-0068896		
Date Assigned:	07/14/2014	Date of Injury:	11/28/2001
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/13/2014

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. 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 55 year old male who sustained an injury on 11/28/01 when he slipped and fell injuring his low back. The injured worker was previously treated with epidural steroid injections. The injured worker had prior lumbar fusion in 2006. The injured worker was since followed for ongoing complaints of chronic low back pain managed with several medications including narcotics muscle relaxers anti-inflammatories benzodiazepines and antidepressants. The injured worker was seen on 04/08/14 with continuing complaints of low back pain substantially improved following recent epidural steroid injections at L5-S1 on 02/12/14. The injured worker estimated up to approximately 80% pain relief. The injured worker wished to start reducing medications following epidural steroid injection. The injured worker was willing to reduce oxycodone Oxymorphone being prescribed and other medications. The injured worker successfully reduced Norco to three times per day. The injured worker was recommended to increase his Norco but decrease Oxymorphone from 10mg four times daily was recommended to reduce Oxymorphone to four 10mg to four times a day from up to eight per day. The injured worker had no issues with substance abuse. The requested Diazepam 10mg quantity 60 with 2 refills was denied by utilization review on 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg 1 tab BID #60 with 2 Refills: Upheld

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

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

Decision rationale: In regards to the use of Diazepam 10mg quantity 60 with two refills, this medication is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this request is not medically necessary.