

Case Number:	CM14-0081719		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2004
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 50 year-old male who injured his low back on 02/05/2004, the injury occurred as he was lifting a toilet. He developed muscle spasm, was diagnosed as having a back strain. He was treated with physical therapy, pain medication, and anti-inflammatories; all without any significant relief. He underwent epidural steroid injections without any relief. MRI on 03/18/2014 showed no pars defect, no significant lumbar disc protrusion, canal stenosis, or neural foraminal stenosis. The patient underwent a L5-S1 interbody fusion in 2006. Progress note dated 04/23/2014 indicated the patient had low back pain radiating to the bilateral lower extremities rated 9/10 without medications and 7.5-8/10 with. He also stated he had a lot of spasm in the back, Flexeril was not helping. Lyric helped the leg pain greater than 30%. He reported difficulty performing activities of daily living due to severe low back pain. He developed depressive symptoms secondary to chronic pain. His current medications included Diazepam, Pristiq, Abilify, Bupropion and Temazepam. The prior utilization review from 05/30/2014 states that Diazepam and Temazepam was modified to initiate a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,124.

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

Decision rationale: Per the chronic pain medical treatment guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for this medication is not medically necessary.

Temazepam 30mg #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124.

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

Decision rationale: Per the chronic pain medical treatment guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for this medication is not medically necessary.