

Case Number:	CM14-0134025		
Date Assigned:	08/25/2014	Date of Injury:	08/21/2009
Decision Date:	03/30/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 8/21/2009. Diagnosis includes: low back pain with radiculopathy and L5-S1 spondylolisthesis with stenosis, L4-L5 disc degeneration. The patient reports pain in both shoulders as well as lumbar radiculopathy. Last progress note 4/17/14 documents use of diazepam however the rationale for use is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG TWC), Pain, Anxiety medications in chronic pain;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) benzodiazepines

Decision rationale: According to Chronic Pain treatment guidelines benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk for

dependence. Most guidelines limit use to 4 weeks. The ODG states anxiety medications in Chronic pain treatment are not indicated for long term use unless the patient is being seen by a psychiatrist. Based on these guidelines Diazepam is not medically necessary.