

Case Number:	CM14-0172880		
Date Assigned:	12/12/2014	Date of Injury:	10/09/1995
Decision Date:	01/15/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 41 years male patient who sustained an injury on 10/9/1995. The current diagnoses include post lumbar fusion/lumbar disc herniation, intractable pain and thoracic disc herniation. Per the doctor's note dated 11/19/14, he had improved low neck, mid back and left leg pain after epidural steroid injection on 8/6/14. The physical examination revealed slow gait, mildly limited lumbar and thoracic spine range of motion, mildly tender to pressure from the mid-thoracic region at T7 to the sacrum, left-sided, positive for mild to moderate muscle tightness, SLR test positive on the left, localizing to mild to moderate low back pain and mild to moderate left leg pain, SLR test negative on the right, motor strength 4+/5 to left TA and EHL, sensation exhibits mild hyperesthesia of the left mid back and left lower extremity, mildly tender to pressure left paraspinally at the level of the upper portion of the sacrum, mildly tender to pressure, with tightness in the mid back, left paraspinally T9-10. The medications list includes oxycontin, diazepam, ultram and neurontin. He has had lumbar MRI dated 5/24/13 which revealed intervertebral disc disease and degenerative changes of the lumbar spine. He has had epidural steroid injections at left L5-S1 and T9-T10 on 7/24/13, 2/12/14 and 8/6/14. He had undergone lumbar fusion with subsequent removal of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Chronic)

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

Decision rationale: Diazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a 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." Trial of other measures for treatment of insomnia is not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of Diazepam 10mg #30 is not fully established for this patient.