

Case Number:	CM14-0180406		
Date Assigned:	11/05/2014	Date of Injury:	11/17/1993
Decision Date:	01/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 64 year old female with an injury date of 11/17/93. Based on the 06/05/14 report, the patient complains of chronic wrist pain, shoulder pain, neck pain, and back pain. "The back pain is generalized, located on both sides, lumbar region and neck." In regards to the shoulder, the patient has tenderness and a diminished range of motion. She has bilateral pain in her hands and elbows. Her lumbar spine has tenderness and a decreased range of motion as well. The patient is wearing a lumbar support/SI joint belt/brace. The 10/10/14 report states that the patient has low back pain with bilateral lower extremity pain, chronic neck pain, thumb pain, and left wrist pain. She has intermittent shooting lower extremity pain. "The back pain is lumbar region, neck, and bilateral thighs." She describes her back pain as being burning, aching, and rates it as an 8/10. The patient has paravertebral tenderness at the C7-T1 level. The patient's diagnoses include the following: 1.Low back pain 2.Chronic pain syndrome 3.Depression 4.Cervicalgia 5.Lumbar radiculopathy The utilization review determination being challenged is dated 10/21/14. Treatment reports were provided from 01/27/14- 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: According to the 10/10/14 report, the patient presents with low back pain with bilateral lower extremity pain, chronic neck pain, thumb pain, and left wrist pain. The request is for Diazepam 5 mg #30, 3 refills. The patient has been taking Diazepam as early as 01/27/14. The MTUS page 24 states that Benzodiazepines are "Not recommended for long term use because long term efficacy is unproven, and there is risk of dependence. Most guidelines limit use to 4 weeks." In this case, the patient has been taking diazepam since 01/27/14 which exceeds the time frame that Benzodiazepines are recommended under chronic pain. The request is not medically necessary.