

Case Number:	CM14-0207307		
Date Assigned:	12/19/2014	Date of Injury:	03/11/2003
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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: California
 Certification(s)/Specialty: Family Practice

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 45 year old female was a meat clerk when she sustained an injury on March 11, 2003. The injured worker reported a gradual onset of back pain that radiated to the right leg. Diagnoses were L4-5 degenerative disc disease with annular tear, chronic lumbar pain, post-laminectomy syndrome of the lumbar region, thoracic or lumbar disc displacement without myelopathy, thoracic or lumbar neuritis or radiculitis, and sacroiliitis. Past treatment included massage therapy, physical therapy, acupuncture, modification of activities/work, epidural steroid injections, trigger point injections, and TENS (transcutaneous electrical nerve stimulation). Medications include an analgesic, muscle relaxant, anti-epileptic, and anti-inflammatory agents. The injured worker underwent an L4-L5 disc replacement surgery in 2007 without pain relief after surgery. On February 21, 2014 an MRI of the lumbar spine revealed postsurgical changes of interbody fusion of L4-L5 creating a large amount of artifact with some possible associated central canal or foraminal stenosis. On February 26, 2014, the injured worker underwent bilateral sacroiliac joint injections to treat sacroiliac joint dysfunction. On October 31, 2014, the treating physician noted pain of the upper back, bilateral shoulder, bilateral elbow, bilateral wrist, and bilateral hands with radiation to bilateral arms. In addition, the injured worker had mid and lower back pain and pain of bilateral ankles and feet with radiation to bilateral legs. Associated symptoms included tingling, numbness, and weakness in the hands, legs, and feet. Her pain level was severe. The physical exam revealed mildly restricted lumbar range of motion, no lumbar spine asymmetry or scoliosis, and normal alignment with mild loss of lumbar lordosis. There was no tenderness to palpation over the bilateral lumbar paraspinals muscles, no sciatic notch

tenderness or gluteal spasm, and no tenderness or palpable masses of the lumbar spinous processes. There was an abdominal scar consistent with a history of anterior disc replacement. There was normal bulk, tone, and muscle strength in the bilateral lower extremities. There were diminished sensation of bilateral L5 and S1 dermatomes and diminished deep tendon reflexes in the bilateral lower extremities. Diagnosis was lumbar post-laminectomy syndrome, chronic pain syndrome, and opioid type dependence. Current medications included a benzodiazepine, proton pump inhibitor, an analgesic, topical non-steroidal anti-inflammatory, anti-epileptic, stool softener, and anti-hypertensive medications. The treatment plan included a psychological evaluation for spinal cord stimulation clearance and authorization of benzodiazepine, analgesic, anti-epileptic, and stool softener medications. Current work status is off work. On November 11, 2014, Utilization Review for a prescription for Diazepam 10mg #90 found that it was not medically indicated. The Diazepam, a benzodiazepine, is not recommended for long-term use due to unproven long-term Diazepam efficacy and the risk of dependence. There was limited documentation regarding the basis for using diazepam. There was limited documentation regarding any functional benefit from this medication.

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.

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

Decision rationale: This patient receives treatment for chronic low back pain. Diazepam is a benzodiazepine, as such, it is not recommended to be used for over 4 weeks. This drug class produces tolerance and dependence. The documentation does not make clear what functional benefit diazepam use has achieved nor for what diagnosis it is meant to treat. Diazepam is not medically indicated.