

Case Number:	CM14-0208007		
Date Assigned:	12/22/2014	Date of Injury:	05/10/2009
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab 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 56 year old female with date of injury 5/10/09. The treating physician report dated 11/10/14 (59) indicates that the patient presents with pain affecting the low back and left lower extremities. The patient states that she has developed a throbbing and tingling pain in the top of the left foot and the calf that is similar to pain she was experiencing months ago. The physical examination findings reveal the patient's range of motion of the lumbar spine is restricted in all planes, muscle guarding is also noted. Motor strength is at 5/5 in the bilateral lower extremities. Prior treatment history includes physical therapy, epidural injections, and prescribed medications. Current medications include Percocet, Diazepam, Gabapentin, Cymbalta, Ambien, and Glucosamine & Chondroitin with MSM. CT scan findings reveal L4-5 discectomy with anterior graft, posterior laminectomies and b/I plate and pedicle screw fixation and normal alignment with widely patent central canal an NF. Partially incorporated graft material is noted posteriorly. Subcortical lucency is noted in the endplates around the disc, a finding which may be related to osteopenia. Mild L1 superior endplate compression fracture, and minimal L2 and L3 superior endplate compression deformities area also found. L2-3 and L3-4 mild central canal stenosis due to bulging and mild facet arthropathy. The current diagnoses are: 1. Lumbar disc w/ radiculitis2. Degeneration of lumbar disc3. Low back painThe utilization review report dated 12/08/14 denied the request for Diazepam 10mg #15 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 & 66.

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

Decision rationale: The patient presents with pain affecting the low back and left lower extremities. The current request is for Diazepam 10mg #15. Reports provided show the patient has been taking Diazepam since at least 6/19/14. The MTUS guidelines state the following regarding Benzodiazepines, "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. A more appropriate treatment for anxiety disorder is an antidepressant." In this case, the patient has been taking Diazepam for longer than the recommended time period of 4 weeks. Furthermore, there is no rationale by the physician in any of the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The request is not medically necessary.