

Case Number:	CM15-0003759		
Date Assigned:	01/14/2015	Date of Injury:	11/25/2013
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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, Pulmonary Disease

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 injured worker is a 56 year old female who sustained a work related injury November 25, 2013. Past history noted; while pulling a pallet jack she slipped and fell on floor debris, rupturing L5-S1 intervertebral disc. In 1994, she underwent a lumbar discectomy and two additional surgeries for adjacent disc herniation. According to a physician's report dated October 10, 2014, the injured worker presented for a follow-up pain management visit. She noted that pain is improved with medications but does awaken 3-4 times in the night with pain. Current medications include Fentanyl patch, Oxycodone IR for breakthrough pain and Diazepam. Diagnoses include lumbar radiculopathy, lumbar nucleated nucleus pulpous, lumbar spondylosis, low back pain syndrome, prolonged depression in remission, and possible secondary fibromyalgia. Treatment includes continue Diazepam, prescribed Fentanyl Patch, identical prescriptions to fill next month and follow-up in eight weeks or prn(as needed). According to utilization review, dated December 8, 2014, the request for Oxycodone was authorized. The request for Diazepam 5mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #30: 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 Muscle Relaxants, Benzodiazepines Page(s): 66.

Decision rationale: The patient has chronic back pain and is treated with an opiate. MTUS, Chronic Pain, page 66 notes that benzodiazepines are not recommended muscle relaxants for chronic pain due to the rapid development of tolerance and dependence. Diazepam is a long acting controlled substance muscle relaxant with risks of addiction and is not medically necessary for this patient.