

Case Number:	CM15-0007002		
Date Assigned:	01/26/2015	Date of Injury:	05/10/2009
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 05/10/2009. The diagnoses include lumbar disc radiculitis, lumbar disc degeneration, and low back pain. Treatments have included oral medications, lumbar transforaminal epidural steroid injection on 06/11/2010, and in 06/2011, physical therapy, computerized tomography (CT) scan of the lumbar spine on 08/30/2012, and laminectomy, foraminotomy and pedicle screw placement at L4-5. The medical report dated 12/08/2014 indicates that the injured worker has low back pain with radiation down the left leg with weakness, tingling, and numbness. She reported little improvement after the repeat epidural injection on 10/16/2013. The injured worker stated that her legs have been very achy. Her pain was unchanged, and she was stable with her current regimen. The injured worker rated her pain 5 out of 10, and requested a medication refill. The physical examination showed the ability to sit for 15 minutes without any limitations or evidence of pain; restricted range of motion in all planes with increased pain; normal to light touch and pinprick along the bilateral lower extremity dermatomes; left positive straight leg raise; and normal mood and affect. The treating provider recommended the continuation of Diazepam 10mg and urine drug screen. It was noted that the injured worker continued on stable doses of medication in a responsible and complaint fashion. The injured worker was advised to stop taking the diazepam due to dependence issues. On 01/08/2015, Utilization Review (UR) denied the request for diazepam 10mg and a urine drug screen, noting that weaning of diazepam was not necessary and no documentation of abnormal behavior. The MTUS Chronic Pain Guidelines were cited.

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,.

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

Decision rationale: The patient presents with pain and weakness in her lower back and left leg. The request is for Diazepam 10MG #15. The patient is currently taking Percocet, Gabapentin, Diazepam, Cymbalta, Ambien, Glucosamine, Bupropion, Trazodone and Adderall XR. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. In this case, the patient has been utilizing Diazepam since at least 07/18/14. It is not recommended for a long-term use. The request IS NOT medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management; drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain and weakness in her lower back and left leg. The request is for URINE DRUG SCREEN. The patient has been utilizing opioid such as Percocet. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening UDS-- should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine drug screen IS NOT medically necessary.