

Case Number:	CM15-0137979		
Date Assigned:	07/27/2015	Date of Injury:	12/11/1989
Decision Date:	08/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency Medicine

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 62-year-old female, who sustained an industrial injury on 12/11/1989. Diagnoses include L3 mild compression fracture from recent fall (5/2007), right L5 radicular pain, facet arthropathies at L4-L5 and L5-S1 per magnetic resonance imaging (MRI) dated 4/2007, status post right shoulder arthroscopic surgery (11/04/2011), partial thickness tear supraspinatus per MRI dated 5/04/2011, and moderate bilateral foraminal narrowing L4-L5 with moderate left lateral neuroforaminal compromise L5-S1 per MRI dated 6/18/2015. Treatment to date has included surgical intervention (right shoulder) and medication management. Current medications include Norco, Voltaren, Zanaflex and Valium. Per the Primary Treating Physician's Progress Report dated 6/26/2015, the injured worker reported low back pain with radiating symptoms to the lower extremities. Physical examination revealed no significant change. She continues to have burning sensation in the lateral thigh, which goes to the posterior knee and leg. The plan of care included medication management and authorization was requested for diazepam 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

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

Decision rationale: The requested Diazepam 10mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has low back pain with radiating symptoms to the lower extremities. Physical examination revealed no significant change. She continues to have burning sensation in the lateral thigh, which goes to the posterior knee and leg. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Diazepam 10mg, #60 is not medically necessary.