

Case Number:	CM15-0142749		
Date Assigned:	08/03/2015	Date of Injury:	05/10/2009
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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 was a 56 year old female, who sustained an industrial injury, May 10 2009. The injury was sustained when the injured worker tripped and fell while on the job. The injured worker previously received the following treatments Percocet, Diazepam, Gabapentin, Cymbalta, Ambien, Glucosamine and Chondroitin, Bupropion, Trazadone, Adderall XR, Ibuprofen, lumbar spine CT scan, physical therapy and transforaminal epidural steroid injection. The injured worker was diagnosed with lumbar disc with radiculitis, degeneration of lumbar disc, low back pain and status post laminectomy with fusion in 2012. According to progress note of March 30, 2015, the injured worker's chief complaint was low back pain, left low extremity pain and left hip pain. The injured worker described the pain in the left lower extremity as persistent. The physical exam noted the injured worker walked without an assistive device and non-antalgic gait. The lumbar spine was restricted in all planes with increased pain. There was muscle guarding noted in the lumbar spine. The motor strength of the bilateral lower extremities was 5 out of 5. The straight leg raises were positive on the left. The sensory exam was normal to touch, pinprick and temperature. The treatment plan included a prescription for Diazepam and back brace.

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 Page(s): 24.

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

Decision rationale: Valium or Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Valium is being used for pain or insomnia. Patient appears to take this medication intermittently at night. Provider has merely documented refill of diazepam under lumbar pain section of assessment and plan with no explanation for need. There is no documentation of efficacy or side effect assessment. Due to lack of information concerning need and efficacy, diazepam is not medically necessary.

Back brace QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per ACOEM Guidelines, lumbar supports such as Lumbar Brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being requested for chronic back pain. Back brace is not medically necessary.