

Case Number:	CM15-0143190		
Date Assigned:	08/04/2015	Date of Injury:	01/22/2003
Decision Date:	09/29/2015	UR Denial Date:	07/01/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 70 year old male who sustained an industrial injury on January 22, 2003. He reported an injury to his low back. Treatment to date has included medications, chiropractic care and physical therapy. Past medical history was positive for depression, anxiety and knee injury. According to a progress report dated 06/11/2015, the injured worker reported lower back pain. Pain was rated 6 on a scale of 1-10. Pain was characterized as aching and dull and radiated to the lower back, left buttock, right buttock and right leg. Medications were helping. Side effects included constipation. Medications were tolerated well. The injured worker showed no evidence of developing medication dependency. With the current medication regimen, his pain symptoms were adequately managed. Level of sleep had stayed the same and was of poor quality. Pain level remained unchanged since the last visit. He had been experiencing depressive symptoms. He had shown lack of concentration while doing skilled work. He felt fatigued and complained of reduced energy. There were no suicidal thoughts, ideations or plans. Current medications included Diazepam, Senna laxative, Norco, Cyclobenzaprine and Naproxen Sodium. Review of systems was positive for interference with sleep and concentration due to pain, moderate fatigue, crepitations, limitation of motion, stiffness, numbness, tingling, right lower extremity weakness, constipation and cramps. Diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified and lumbar or lumbosacral disc degeneration. Prescriptions were given for Norco, Diazepam, Cyclobenzaprine, Naproxen Sodium and Senna Laxative. The injured worker was status post left total knee replacement and was waiting to undergo right total knee replacement and then was interested in a functional rehabilitation

program. The left knee replacement was still healing with some stiffness. Work status included modified duties. Currently under review is the request for Diazepam 10 mg quantity 30. Documentation submitted for review shows long term use of Diazepam dating back to December 10, 2013 at which time the injured worker report that Valium helped some of the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg quantity 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 Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2014. He continued to complain of depressive symptoms, lack of concentration, and reduced energy. As the treatment is not recommended for long-term use, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.