

<b>Case Number:</b>	CM15-0149373		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Preventive Medicine, Occupational 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:

This 25 year old male sustained an industrial injury on 3-18-13. He subsequently reported head, neck, low back and hip pain. Treatments to date include x-ray and MRI testing and prescription pain medications. Diagnoses include traumatic brain injury. The injured worker continues to experience low back, right hip, and neck pain as well as headaches and anxiety. Upon examination, there was muscle spasms and tenderness in the lumbar spine. Straight leg raising was positive bilaterally. The cervical spine examination revealed spasm in the paracervical muscles. There was also tenderness of the paracervical muscles. Spurling's sign is positive on the right. A request for Diazepam 10mg #90, Diazepam 30mg (quantity unspecified) and Subutex 8mg #6 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker is taking Valium for anxiety in a chronic nature. Chronic use is not supported by the guidelines and there is no evidence of failure with antidepressant medications. The request for Diazepam 10mg #90 is not medically necessary.

**Diazepam 30mg (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker is taking Valium for anxiety in a chronic nature. Chronic use is not supported by the guidelines and there is no evidence of failure with antidepressant medications. Additionally, there is no quantity information included with this request. The request for Diazepam 10mg #90 is not medically necessary.

**Subutex 8mg #6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Section Page(s): 26.

**Decision rationale:** Subutex contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has had difficulty with pain control following detoxification; therefore the use of Subutex is reasonable. The request for Subutex 8mg #6 is determined to be medically necessary.