

Case Number:	CM15-0168204		
Date Assigned:	09/08/2015	Date of Injury:	12/04/2009
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33 year old female, who sustained an industrial injury on December 4, 2009, incurring mid and lower back injuries. The injured worker had a history of depression, anxiety and obesity. Magnetic Resonance Imaging revealed lumbar posterior disc bulge without evidence of canal stenosis. She was diagnosed with thoracic and lumbar spine sprain with disc herniation with radiculopathy and foot drop. Treatment included pain medications, muscle relaxants, antianxiety medications, antidepressants, proton pump inhibitor, physical therapy, epidural steroid injection, topical analgesic cream, work hardening program and conditioning and activity restrictions. She underwent a lumbar fusion in April, 2011. In March, 2013, the injured worker underwent a lumbar laminectomy and in 2014, she underwent hardware removal from the lumbar region. Currently, the injured worker complained of severe mid back pain with numbness and constant burning radiculopathy into the bilateral lower extremities. She stated that her condition had not improved but worsened after her last surgery. She had developed anxiety, depression and insomnia from the ongoing pain. Upon examination, she was noted to have tenderness with muscle spasms in the lumbar spine area. She was unable to sit, stand or walk for prolonged periods of time interfering with her activities of daily living. The treatment plan that was requested for authorization included a prescription of Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Diazepam Tab 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the Diazepam was combined with Soma, Norco and Dilaudid increasing the risk of addiction and abuse. Long-term use is not recommended and future need cannot be determined to require an additional refill. The Diazepam as prescribed is not medically necessary.