

Case Number:	CM15-0168485		
Date Assigned:	09/09/2015	Date of Injury:	10/15/2002
Decision Date:	10/14/2015	UR Denial Date:	07/30/2015
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: North Carolina

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 41 year old male who sustained an injury on 10-15-02. Diagnoses include failed lumbar surgery syndrome; lumbar radiculitis; sciatica; mood adjustment disorder secondary to chronic pain; gait instability and failed Neurostimulator implant. On 2-6-15 the medical record reports lumbar back pain that is sharp, stabbing, cramping, throbbing and severe. The pain is rated 9 out of 10. The pain is constant, lasting throughout the day; and rates the pain interfering with his ability to concentrate as 9 out of 10; sleep 9 out of 10 and mood 9 out of 10. Diazepam 10 mg 1 every 8 hours is noted on 2-12-15; 4-17-15; 5-2-15 and 6-18-15 with continuous lumbar back pain on each visit. The sleep and mood on 6-18-15 are rated 10 out of 10. He reports depressed mood; issues with stress; mood swings; anger and irritability. The controller device causes significant amount of discomfort and prevents him from comfortably rolling in bed for positional changes. It also triggers sciatic nerve irritation; increased paresthesia radiating to the lower extremity. He continues to walk with a cane and it was noted that he would benefit from the removal of the device by maintaining a reduction of irritation to the sciatic nerve bundle musculature. He is using home exercises to maintain activities such as walking tolerance to approximately 2 blocks. Diazepam was prescribed again on 7-14-15. Current requested treatments Diazepam 10 mg 1 every 8 hours #60 no refills. The original utilization date (5-14-14) recommended Diazepam 10 mg 1 every 8 hours; # 60; duration is 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg 1 every 8 hours #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

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

Decision rationale: 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.