

<b>Case Number:</b>	CM15-0189523		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Georgia  
 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 35 year old female who sustained an industrial injury on 01/06/2012. Medical records indicate the worker is post anterior -posterior fusion from L4 through S1 on 08-01-2012. She has since been treated for ongoing low back pain and lower extremity pain. She has had physical therapy, bilateral L4-L5 epidural steroid injections on three occasions (02-06-2014), (06-05-2014), (10-21-2014), with 50% improvement of pain lasting from six to ten weeks, and pain medication management. In the provider notes of 07-28-2015, the worker is evaluated for pain management and states the adjustments made with her medication on the prior visit were helpful with less severe pain (no quantitative rating given). Her current medication regimen includes Dilaudid for moderate to severe pain, Cymbalta daily for chronic pain, neuropathic pain and depression, Laxacin and Miralax are used to counteract constipation. According to notes of 07-28-2015, the worker denies any intolerable side effects with her current regimen, stays within her prescription guidelines and shows no evidence of drug seeking behavior. The worker has a signed pain medication agreement and remains compliant with the terms. The provider to be compliant with her prescribed medications noted urine drug screening. On exam, the worker has myofascial tenderness from L1 through S1 with 1+ spasm. She has hypesthesias in the bilateral L4 dermatomes. The treatment plan included continuation of current medications including Valium, which she receives on a nonindustrial basis. A request for authorization was submitted for Diazepam 10 MG #90, Dilaudid 4 MG #150, Cymbalta 60 MG #30, and Miralax 17 Gram/8 OZ #1054 Gram. A utilization review decision 09/11/2015 approved Cymbalta 60 MG #30, non-approved Diazepam 10 MG #90, approved Miralax 17

Gram/8 OZ #1054 Gram, and approved the Dilaudid 4 MG #150.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diazepam 10 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. In this case, the claimant has been treated with Xanax for longer than the recommended 4 weeks. Ongoing use of Diazepam is not medically necessary.