

Case Number:	CM15-0192410		
Date Assigned:	10/06/2015	Date of Injury:	07/05/2012
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: Washington, 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:

The injured worker is a 54 year old male who sustained an industrial injury on 7-5-2012. The injured worker was being treated for lumbar degenerative disc disease with 11-millimeter anterolisthesis at L5-S1 resulting in moderate to severe neuroforaminal stenosis at L5. Lumbar MRI on 7-29-2014 revealed no change in the pars interarticularis defects at L5 with grade 1 spondylolisthesis of L5 on S1. Comorbid conditions include diabetes and obesity (BMI 34.3). Treatment has included off work, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, non-steroidal anti-inflammatory injection, and medications including diazepam (since at least 9-2015). On 9-1-2015, the injured worker reported an exacerbation of his low back pain. His pain was rated 10 out of 10. Associated symptoms included swelling of the right side of the low back and right lower extremity. The physical exam revealed significant point tenderness at the low lumbar region left side. On 9-9-2015, the injured worker reported a continued significant increase in low back pain, which was not improved since the last visit. The physical exam at that visit revealed significant point tenderness of the right lateral lumbar spine and right sacroiliac joint. The plan, per the treating physician was for the injured worker to remain off work and included diazepam 5 mg and referral for acupuncture. On 10-8-2015, the pain had lessened. Flector patch was the only medication noted being used for the back pain. The patient had been seen by a neurosurgeon in the interim and was now pending spinal surgery. On 9-17- 2015, the original utilization review non-certified a request for Diazepam 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diazepam 5 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain).

Decision rationale: Diazepam (Valium) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient was prescribed diazepam as short-term therapy for acute low back pain. The use appears to have been limited to 2 weeks. This is within the MTUS guidelines as noted above. Medical necessity for the short-term use of diazepam has been established. The request is medically necessary.