

<b>Case Number:</b>	CM15-0021744		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 53 year old female, who sustained an industrial injury on 3/25/2014. The diagnoses have included L5-S1 disc herniation with right S1 root displacement and large lumbar disc herniation/extrusion L4-L5 left sided. Treatment to date has included surgical intervention and medication. The injured worker underwent a lumbar laminectomy with partial facetectomy and microdiscectomy left L4-L5 on 11/25/2014. According to the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker reported decreased pain since the last visit; however, she still had tightness in the lower back. She had been walking on the treadmill and was wearing a lumbar support brace when active. It was noted that a recent magnetic resonance imaging (MRI) did not show any post surgery abnormalities. The injured worker was six weeks post surgery and was in need of physical therapy. Current medications included Diazepam and Norco. On 1/28/2015, Utilization Review (UR) non-certified a request for Diazepam 5mg every eight hours as needed #60. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Opioid Page(s): 24, 76-80.

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

**Decision rationale:** Regarding benzodiazepines including diazepam MTUS states; 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. The available medical record indicates that this IW has been taking diazepam in excess of the recommended period. The treating provider gives no indication as to why this individual requires the risk of long term BDZ therapy. The prior review recommended a weaning period with reduced medication and that is appropriate. As such the request for diazepam 5 mg x60 is deemed not medically necessary.