

Case Number:	CM15-0028316		
Date Assigned:	02/20/2015	Date of Injury:	11/03/1998
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/16/2015

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 57 year old male, who sustained an industrial injury on November 3, 1998. He reported injury to his back. The diagnoses have included chronic pain syndrome, lumbar back pain, lumbar radiculopathy, lumbar degenerative disc disease, anxiety, depression, insomnia and opioid dependence. Treatment to date has included surgery, physical therapy, aqua therapy, exercise, stretching, medications, injections and an intrathecal drug delivery system implantation. On January 8, 2015, the injured worker complained of pain in his head, bilateral arms, neck, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, bilateral hands, bilateral knees, abdomen, bilateral low back, groin and bilateral ankles/feet. The quality of pain is sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. The pain is made worse with lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes, cold, walking and no sleep. He rated the pain as a 10 on a 1-10 pain scale without medications. On January 23, 2015, Utilization Review modified a request for Diazepam 10mg #90 to #45, noting the CA MTUS Guidelines. On February 16, 2015, the injured worker submitted an application for Independent Medical Review for review of Diazepam 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam tablets 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Diazepam for anxiety for over 6 months. Long term use of Benzodiazepines is not recommended for anxiety and other medications including SSRIs can manage such symptoms for long-term. In addition, a recent progress note indicated the claimant's mood as frustrated but no comment on anxiety was made. The continued and long-term use of Diazepam is not medically necessary.