

Case Number:	CM15-0031988		
Date Assigned:	02/25/2015	Date of Injury:	05/08/2014
Decision Date:	04/10/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 5/8/2014. He has reported back pain while lifting and carrying. The diagnoses have included lumbar myofascial injury with right lower radicular symptoms and lumbar sprain/strain. Magnetic Resonance Imaging (MRI) 5/28/14 revealed multilevel protruded discs. He is status post left knee arthroscopy 12/12/13 and cholecystectomy in 2000. Treatment to date has included medications, acupuncture, and chiropractic therapy. Currently, the IW complains of low back pain with radiation down right leg rated 6/10 VAS. The physical examination from 1/19/15 documented tenderness with increased muscle rigidity to lumbar paraspinal muscles with decreased Range of Motion (ROM), decreased sensation to left lower extremity L5-S1 distribution and positive straight leg tests with left lower extremity. The plan of care included continuation of medications as previously prescribed and request for a future lumbar epidural steroid injection. On 1/14/2015 Utilization Review non-certified Diazepam 10mg #30, noting the medical records did not include clinical data to support medical necessity. The MTUS, ACOEM, or ODG Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Diazepam 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Medications for chronic pain Page(s): 24, 60.

Decision rationale: Per the 01/19/15 report, the patient presents with lower back pain radiating down the right lower extremity rated 6/10. The current request is for DIAZEPAM 10mg #30, a Benzodiazepine. The RFA is not included; however, the 01/14/15 utilization review states the RFA is dated 12/23/14. As of 10/16/14 the patient was to return to modified work on 10/23/14. MTUS, Benzodiazepines, page 24 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." The treater does not discuss the use of the medication in the reports provided for review. It is a listed medication on reports dated 07/12/14 and again on 01/19/15. In this case, the medication is not recommended for long-term use and the patient has been prescribed the medication on a long-term basis. Most guidelines limit use to 4 weeks. Furthermore, The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.