

Case Number:	CM15-0034893		
Date Assigned:	03/03/2015	Date of Injury:	09/17/2010
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56-year-old male, who sustained an industrial injury on September 17, 2010. He reported an injury to his cervical spinal cord in a fall. Diagnoses at the time of injury included C2, C6 and T3 fractures and cervical canal stenosis. The injured worker's current diagnoses include tetraplegia, spasticity, musculoskeletal and neuropathic pain, neurogenic bladder and bowel. Treatment to date has included rehabilitation, anterior cervical discectomy and fusion of C3-C5, durable medical equipment, Baclofen pump, intravesical Botox, lumbar epidural steroid injection and L4-L5 sympathetic block. Currently, the injured worker complains of increased spasms at night, which prevent him from sleeping. He states the reduction in medication has been a difficult transition and rates his pain level at 10 on a 10-point scale without medications. The treatment plan includes discontinuation of one of two muscle relaxants and continuation of Diazepam, Dulcolax, Voltaren and Dilaudid. The injured worker reports that his pain is decreased and function improved with the use of these medications and without them he would have significant difficulty tolerating even routine activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 MG 1 By Mouth Every Hour Qty 30: 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 MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no documentation of functional improvement with previous use of Diazepam. The need for Diazepam is not justified since the patient has been also prescribed Lorazepam. Therefore, the prescription of Diazepam 5mg #30 is not medically necessary.