

Case Number:	CM15-0041107		
Date Assigned:	03/11/2015	Date of Injury:	11/18/1999
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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 52 year old female who sustained a work related injury November 18, 1999. Past history included L3-4, L4-5 lateral recess stenosis, s/p L3-4, L4-5, minimally invasive lateral recess decompressions August, 2014. According to a primary treating physician's progress report dated October 23, 2014, the injured worker presented reporting satisfactory recovery from her low back surgery. There is a return to her baseline chronic cervical problems and taking medication sparingly; Norco, Tramadol and occasionally Soma. Diagnosis was documented on the request for authorization form, dated January 27, 2015, as lumbar stenosis with requests for Hydrocodone/APAP and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #80 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine 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 includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the particular indication for Diazepam and 5 additional months of refills was not specified. Long-term use is not indicated and the Diazepam with 5 refills is not medically necessary.