

<b>Case Number:</b>	CM15-0042833		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/25/1995
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 60-year-old male, who sustained an industrial injury on 9/25/1995. The details of the initial injury and a complete list of prior failed conservative treatments were not submitted for this review. The diagnoses have included status post decompressive laminectomy L4-L5 with multilevel foraminal stenosis, severe right L2-3 and severe L3-4, status post L2-3 hemilaminectomy and discectomy, chronic pain syndrome and history of multiple areas of orthopedic injuries and surgeries. Treatment to date has included medication therapy and epidural injections. Currently, the IW complains of back pain rated 8-9/10 VAS. The physical examination from 2/17/15 documented multiple well healed midline scars, guarded Range of Motion (ROM). The plan of care included continuation of medication therapy until decompression at L2-3 nerve roots is completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30 with 2 refills:** Upheld

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

**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 recent documentation that the patient has insomnia. In addition, the patient has been using Diazepam since at least February 2013 without any evidence of improvement of his symptoms. Therefore, the prescription of Diazepam 10mg #30, with 2 refills is not medically necessary.