

<b>Case Number:</b>	CM15-0086471		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Texas, 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 51-year-old female, who sustained an industrial injury on June 30, 2009. Treatment to date has included MRI of the lumbar spine, modified work duties, physical therapy, and medications. Currently, the injured worker complains of increased low back pain, which she rates greater than a 10 on a 10-point scale. On physical examination, the injured worker has painful and decreased range of motion with muscle spasms. Her pain radiates to the right leg and she cannot heel-toe walk. She exhibits tenderness to palpation over the midline and along bilateral lumbar facet joints and needs a walker to ambulate. Her right knee has anterior cruciate ligament laxity, medial and lateral joint pain and positive patellofemoral crepitation. The diagnoses associated with the request include lumbar discogenic disease with radiculopathy, spondylolisthesis of L4-5, right knee internal derangement. The treatment plan includes home exercise program, right knee brace, L4-S1 fusion, Toradol injection and continuation of Norco and Valium. The medication list includes Norco, Flexeril, Soma, Trazodone, Elavil, Vicodin, Motrin, Valium and Senakot. The patient's surgical history includes right knee and right shoulder surgery and CTR. The patient has used a TENS unit and walker. The patient has had EMG of the lower extremity study on 7/23/12 that was normal, MRI of the lumbar spine on 7/30/09 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. A recent detailed psychological evaluation note was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #60 with 1 refill:** 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:** Request: Diazepam 10mg #60 with 1 refill Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, Benzodiazepines are "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 actions 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The pt's medication list also includes Soma and Flexeril. Like valium, these medications also cause muscle relaxation and sedation. The response to these muscle relaxants without the valium/ benzodiazepine is not specified in the records provided. The medical necessity of the request for Diazepam 10mg #60 with 1 refill is not medically necessary in this patient.