

<b>Case Number:</b>	CM15-0086641		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/15/1990
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/24/2015
<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: New Jersey, Alabama, 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 62 year old female who sustained an industrial injury on 10/15/1990. The injured worker was diagnosed with lumbar post laminectomy syndrome, lumbalgia, lumbar/lumbosacral degenerative disc disease and manic depressive disorder. Diagnostic testing to date includes recent lumbar and coccyx X-rays on April 23, 2015. The injured worker is status post a lumbar fusion (no date documented). Past or recent therapies were not noted. According to the primary treating physician's progress report on April 10, 2015, the injured worker presents for follow-up and medication refills. The injured worker reports symptoms are not improving and she continues with lumbar, lumbosacral, sacral and sacroiliac pain increasing with movement. The injured worker rates her pain level at 6/10 and present 100% of the time. Examination demonstrated tenderness and pain of the upper and lower lumbar spine and sacral area with moderate spasms in the bilateral sacroiliac (SI), left and right lumbar region, right and left posterior pelvis/hip, bilateral buttocks, bilateral posterior thighs and right lower thoracic area. Current medications are listed as medicinal Cannabis, Oxycodone, Nexium, Zolpidem, and Fentanyl patch, Ondansetron, Cymbalta and Valium. Treatment plan consists of the current request for Diazepam 5mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**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 the prior use of this medication. Therefore, the prescription of Valium (Diazepam) 5mg #90, with 2 refills is not medically necessary.