

Case Number:	CM14-0113466		
Date Assigned:	08/01/2014	Date of Injury:	03/29/2008
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61-year-old female with a 3/29/08 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/18/14, the patient complained of pain in the left shoulder and left knee. She continued to experience neck pain with radiation down the right upper extremity with associated numbness. She rated her pain a 5/10 on the Visual Analog Scale (VAS). Objective findings: antalgic gait, limited right shoulder Range of Motion (ROM), mild tenderness to palpation of the lumbar paraspinal muscles, limited ROM of lumbar spine. Diagnostic impression: chronic low back pain, lumbar herniated disc and lumbar radiculopathy, cervical spine strain, cervical radiculopathy, bilateral shoulder pain, left knee pain. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 7/14/14 denied the request for Diazepam 5 mg, unspecified quantity, date of service 10/22/12. There was a lack of clear medical indication and rationale for the prescription. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 7/14/14 denied the request for Diazepam 5 mg, unspecified quantity, date of service 10/22/12. There was a lack of clear medical indication and rationale for the prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg (Quantity Not Specified), Date of Service 10/22/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 24. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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." There were no records provided for review prior to 10/22/12, the date of service for this retrospective request. As a result, medical necessity cannot be established. Therefore, the request for Diazepam 5 mg (Quantity Not Specified), Date of Service 10/22/12 was not medically necessary.