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| Case Number: | CM14-0121040 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 06/01/1993 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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 Alabama. 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 patient is a 58 year old male who sustained an injury to his low back on 06/01/1993 while performing his usual and customary work related duties which included loading boxes repetitively into the back of a truck bed. Prior treatment history has included Vicodin, Lisinopril, and Paxil. He has been treated with 8 sessions of physical therapy which he felt was beneficial and home exercise program. According to UR, the patient was seen on 07/22/2014 for his depression. The patient has a diagnosis of lumbago, chronic pain syndrome, and postlaminectomy syndrome of the lumbar spine. He is noted to have been using muscle relaxers for his muscle spasms caused by his back injury which has led to his anxiety. Supplemented report dated 07/23/2013 states the patient presented more depressed but reported medication and psychotherapy is helping. His medications included Valium and Paxil. Prior utilization review dated 07/28/2014 states the request for Diazepam 10 mg is modified to certify 1 prescription of Diazepam 10 mg up to #90 with any remaining tablets to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diazepam 10mg: 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: The above MTUS guidelines regarding benzodiazepines states "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 action 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." In this case, the patient has been on Diazepam for more than 4 weeks. Note from 5/17/13, 7/23/13, as well as 1/22/14 documents that the patient is on Diazepam, which is more than the 4 weeks advised. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.