

Case Number:	CM14-0131228		
Date Assigned:	08/20/2014	Date of Injury:	01/11/2000
Decision Date:	10/20/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 51 year old female with a 1/11/2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/1/14 noted subjective complaints of low back pain. Objective findings included normal lumbar spine alignment. Diagnostic Impression: lumbar spine degeneration. Treatment to Date: medication management, physical therapy, exercise. A UR decision dated 7/26/14 modified the request for diazepam 5 mg #150 certifying #75. The patient has been prescribed this medication since at least 11/22/13. Most guidelines limit use to 4 weeks. A UR decision dated 7/26/14 modified the request for diazepam 5 mg #150 certifying #75. The patient has been prescribed this medication since at least 11/22/13. Most guidelines limit use to 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg, QTY: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, page 24, pages 16-17 and page 22.

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

Decision rationale: The MTUS Chronic Pain 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. With a 2000 original date of injury, it is unclear how long the patient has been taking Valium. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. There is no specific documentation of objective benefit derived from the use of Valium. Therefore, the request is not medically necessary.