

Case Number:	CM14-0149489		
Date Assigned:	09/18/2014	Date of Injury:	01/26/2007
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 30-year-old woman who sustained a work-related injury on January 26, 2007. Subsequently, she developed chronic low back pain. The patient underwent 2 back surgeries on 2008 and 2011. According to a note dated on September 27, 2013, the patient was complaining of constant low back pain and left leg pain. She was reported to have depression and anxiety. The pain severity was rated 8/10. Her physical examination performed on September 26, 2013 demonstrated lumbar tenderness with reduced range of motion, decreased sensation in the S1 dermatome on the left side. The patient was diagnosed with lumbar radiculitis, paresthesia, stiffness of joints and spasm of the lower back muscles. The provider requested authorization for diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 2mg, 90 day supply #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

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. Although the patient was reported to have anxiety and depression, the use of antidepressant is more appropriate. Therefore the use of Diazepam 2mg #80 is not medically necessary