

Case Number:	CM14-0155571		
Date Assigned:	09/25/2014	Date of Injury:	05/18/1998
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 65 years old female with an injury date on 05/18/1998. Based on the 08/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Degenerative disc disease with L4-L5 bulge, bilateral L5 and S1 radiculopathy and right L5 numbness 2. Status post right rotator cuff tear with persistent pain, still greatly improved from before surgery 3. Probably non-occupational left shoulder pain 4. Reactive depression, improved. According to this report, the patient complains of low back pain and right-sided radiating leg pain and numbness. Right sided shoulder pain remains unchanged. Physical exam reveals marked tenderness over the right low back. Decreased strength test of the right lower extremities is noted. Deep tendon reflexes of the right Achilles is a +1. There were no other significant findings noted on this report. The utilization review denied the request on 09/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/25/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg qhs: 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: According to the 08/27/2014 report by [REDACTED] this patient presents with low back pain and right-sided radiating leg pain and numbness. The treater is requesting Diazepam 5mg QHS "for muscle spasm." MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Diazepam was first noted in the 06/25/2014 report. The treater does not mention that this is for a short-term use. Recommendation is for denial.