

Case Number:	CM14-0160145		
Date Assigned:	10/03/2014	Date of Injury:	03/08/2010
Decision Date:	10/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 41 year old male highway patrol officer with chronic and recurrent low back pain and associated muscle spasms which he has stated first began in 2001. He stated that he had one flare lasting 3 days and was pain free until 3/8/10 where he describes initially having mild lower back pain after getting out of the shower and beginning to dress himself that progressed to being debilitating and resulted in his being transported to [REDACTED]. He was ultimately admitted and had an X-ray and MRI Spine performed which revealed multi-level degenerative disc disease. He was first evaluated for these symptoms as an outpatient on 3/21/11 and stated that he was independent in self-care and can lift and carry heavy objects with discomfort, is unlimited in ability to walk, climb stairs or stand up to an hour, can reach for over shoulder and has no difficulty with manipulative activities. He does complain of difficulty with sitting for more than 30 minutes, with pushing and pulling and with kneeling, bending and squatting. He also reported that he had mild pain most of the time. He was assessed to have lumbar strain aggravating multi-level disc disease and low back pain without radiculopathy. He was most recently evaluated on 9/19/14 for a follow-up visit. At that time, he was noted to have tenderness in the middle and lower lumbosacral areas of his spine as well as pain down the right lateral buttock. Sitting straight leg raise test was negative. No neurological deficits noted. Assessment was lumbar sprain. Treatment to date: -Medications 1) Diazepam 10 mg (Valium) 2) Naproxen (discontinued) 3) Flexeril 10 mg three times daily 4) Norco 10 mg/325 mg 5) Corticosteroid injections to lumbar spine-Massage Therapy-Physical Therapy The UR determination dated 9/30/14 denied the request for Diazepam 10 mg because state guidelines recommend that a patient remain on such therapy for up to 30 days and [REDACTED] has been taking Diazepam for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Benzodiazepines Section Page(s): 24.

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

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. This patient has been taking Diazepam chronically and continued therapy would extend his use of this medication far beyond the 4-week recommendation. Although his low back pain is recurrent, his symptoms do not appear to have had a substantial impact on his quality of life. Therefore, the request for Diazepam 10 mg #30 was not medically necessary.