

Case Number:	CM14-0184989		
Date Assigned:	11/12/2014	Date of Injury:	09/25/2006
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Pain Medicine 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 injured worker is a 66-year-old female who reported an injury on 09/25/2006. The mechanism of injury was not provided. The diagnoses included lumbar post laminectomy syndrome, lumbar disc displacement without myelopathy, lumbosacral radiculitis, and mood disorder due to chronic pain with depressive like episodes. Other treatments have included a lumbar brace and use of a 4 wheeled walker. An MRI of the lumbar spine was reported from 09/22/2014. The injured worker had an extensive surgical history, including L2-S1 posterior spinal fusion with revision. The progress report, dated 10/01/2014, noted the injured worker complained of persistent bilateral sciatica on the right greater than left, low back pain, and neck pain. The injured worker denied history of depression, anxiety disorders, suicidal ideation, or psychosis. The physical exam was noted to be limited due to a recent lumbar operation. The psychiatric exam indicated the injured worker to be appropriate. Her current medications included Celebrex, Flector patch, Neurontin, oxycodone, tramadol, and Valium. The treatment plan requested to continue all medications as prescribed. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for diazepam 5 mg #60 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker was currently taking Valium. However, the duration of use was not established. The continued use likely exceeds the guidelines recommendation for a short course of treatment. There is also no documentation of the efficacy of the medication. There is a lack of evidence to support continued use as an exception to the guidelines. Furthermore, the intended frequency was not included to support medical necessity. Given the above, the continued use of diazepam 5 mg #60 is not indicated or supported by the evidence based guidelines. Therefore, the request is not medically necessary.