

Case Number:	CM14-0091425		
Date Assigned:	07/25/2014	Date of Injury:	04/15/2008
Decision Date:	09/17/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational 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:

This female patient has developed chronic spinal and lower extremity pain subsequent to a lifting injury on 4/15/2008. She has pain levels reported as up to 8/10 VAS involving the neck, low back, and lower extremities. Her diagnosis also includes depression. She has undergone a left knee arthroscopy with meniscal trimming. She is currently being treated with oral analgesics which includes Oxycodone 30mg. #150, Vicodin 5/325 #60, and Diazepam 10mg. #60 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bmj.com/content/349/bmj.g5205>.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepine should not be utilized beyond a temporary 4 week time span. This is due to the quick development of tolerance and very high addictive potential. In addition, there is strong

evidence recently published long term Benzodiazepine use is a major risk factor for the development on dementia. There are no unusual circumstances that would justify and exception to Guideline recommendations. The request for Valium 10mg #60 is not medically necessary.