

<b>Case Number:</b>	CM14-0217277		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 patient is a 54 year old employee with date of injury of 2/14/03. Medical records indicate the patient is undergoing treatment for intractable chronic axial low back pain; bilateral extremity pain radiating to posterior buttocks, thighs, calves and anterior thighs, left greater than right, s/p 2 lumbar fusion and removal of hardware; L3-4 asymmetric disc collapse with facet joint widening; failure of spinal cord trial without significant improvement of back and leg pain and no residual spinal canal stenosis. Subjective complaints include low back and bilateral extremity pain. His pain is in his posterior thighs, calves and to the soles of both feet. He has numbness in 70% of the toes in both feet. He has had several falls from his legs giving out due to weakness. His pain level is so severe he will become nauseous and vomit approximately 3-4 times per week. He has lower extremity muscle cramps and spasms of the lumbar musculature. Sitting, standing and walking are limited due to pain. He has depression with crying spells and is only able to sleep 1-1/2 hours due to pain. Objective findings include significant antalgic gait and sitting posture, use of single point cane and difficulty moving to and from a standing position. He has lumbar spine tenderness bilaterally, left greater than right with spasms; straight leg raise is positive bilaterally; lumbar range of motion: decreased and painful to 5% in forward flexion, extension and due to spasm, unable to laterally bend. He is generally deconditioned and has weakness. His sensory exam of the bilateral lower extremities was symmetrical and diffusely decreased. Treatment has consisted of OxyContin, Norco and Valium. The utilization review determination was rendered on 11/25/14 recommending non-certification of Diazepa Tab 10 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam Tab 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Muscle Relaxants Page(s): 24, 63.

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

**Decision rationale:** Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks."Records indicate that the patient has been on the medication in excess of four weeks. In addition, the treating physician did not detail how often to take the medication and in what quantity. The previous reviewer recommending weaning. As such, the request for Diazepam Tab 10mg is not medically necessary.