

Case Number:	CM14-0097278		
Date Assigned:	09/16/2014	Date of Injury:	10/27/2002
Decision Date:	06/16/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/25/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 35-year-old female who sustained an industrial injury to the low back on 10/27/2002. Diagnoses include low back pain, osteoarthritis-unspecified whether generalized or localized-site unspecified and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications, physical therapy and TENS unit. An MRI of the lumbar spine on 5/7/14 showed L5-S1 central and paracentral disc protrusion with moderate effacement of the thecal sac centrally and at the exit points of the S1 rootlets bilaterally without compression; slight central annular bulging at L3-4 and L4-5 without effacement of the thecal sac and low-grade facet joint disease of the lower two lumbar levels. According to the progress notes dated 5/23/14, the IW reported an acute flare-up of her back pain that left her with some residual weakness and more extensive numbness and tingling in her lower extremities, worse on the left. She related she needed Xanax frequently for anxiety, but not throughout every day. She walked without a cane and without using the wall for support. She was still unable to perform any kind of heavy task around the house. Progress notes for 3/18/14 discussed weaning of Methadone and starting Zoloft for pain and anxiety. Notes dated 3/20/14 stated she was not tolerating the Zoloft. The treatment plan on 5/23/14 stated the IW was taking a significantly decreased amount of Methadone; weaning was to continue slowly. It was also planned to stop her Ambien and Trazadone and restart a low dose of Valium for her anxiety. A request was made for one prescription for Diazepam 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diazepam 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2002. She has ongoing back pain. When seen, medications included alprazolam. She was taking methadone and was decreasing the dose. She had tried taking an unknown dose of Valium and found this worked better and lasted longer. She was intermittently taking up to 3-4 doses of alprazolam. Physical examination findings included appearing in pain. She was no longer ambulating using a cane. Alprazolam was discontinued and diazepam was prescribed. Benzodiazepine medication is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the claimant had been taking another benzodiazepine medication, alprazolam, on a long-term basis. Switching to Valium, another benzodiazepine was neither medically necessary or appropriate.