

<b>Case Number:</b>	CM15-0117813		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 47 year old Male, who sustained an industrial injury on April 23, 2004. He reported low back pain and thoracic pain. The injured worker was diagnosed as having degeneration of the lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, degeneration of thoracic or thoracolumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified and other symptoms referable to the back. Treatment to date has included diagnostic studies, conservative care, medication, radiofrequency rhizotomy of the bilateral lumbar spine and work restrictions. Currently, the injured worker complains of continued low back pain and thoracic pain with associated pain radiating down the right lower extremity. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on September 4, 2014 and November 4, 2014, revealed pain levels at 7/10 with 10 being the worst, with the use of medications and 10/10 without the use of medications. Medications were renewed. Evaluation on December 17, 2014, revealed continued pain as noted with associated symptoms. It was noted previous radiofrequency rhizotomy of the lumbar spine on January 27, 2014, provided 80% benefit however the pain had returned. He reported working for a road crew with increased activity secondary to recent storms. He reported the pain was significantly interfering with activities of daily living. Medications were renewed. Evaluation on May 5, 2015, revealed continued pain as noted. It was noted bilateral radiofrequency rhizotomy on April 14, 2015, reduced low back pain by 75%. Medications were

renewed and Soma was continued for muscle spasm. He reported the pain at 9/10 with 10 being the worst without medications and 4/10 with medications. Diazepam 5mg #30 was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diazepam 5 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the California (CA) MTUS Guidelines, benzodiazepines are not recommended for long term use. The long-term efficacy is unproven and increases the risk of dependency. It was noted the injured worker had chronic pain and had been treated for over 10 years with pain medications and muscle relaxants. It was noted the pain was rated at a 7/10 with medications and a 4/10 with 10 being the worst with medications and radiofrequency rhizotomy of the lumbar spine. There was noted improvement in pain level intensity with a combination of the current medications, which did not include Diazepam, and radiofrequency rhizotomy. There is no documentation in the progress note what the diazepam was indicated for or an order for the medication. For these reasons, the request for Diazepam 5mg #30 is not medically necessary.