

Case Number:	CM15-0119558		
Date Assigned:	06/30/2015	Date of Injury:	09/25/2007
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old female, who sustained an industrial injury on 09/27/2007. She has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar degenerative disc disease; bilateral sciatic pain; lumbar spondylosis, stenosis with spondylolisthesis; lumbar radiculopathy; and status post L4-5 and L5-S1 intralumbar interbody fusion and posterior decompression and fusion with fixation from L4 to S1, on 03/26/2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, psychotherapy, and surgical intervention. Medications have included Celebrex, Tylenol #3, Tylenol #4, Robaxin, Flector Patch, Lyrica, Zoloft, Valium, Colace, and Zantac. A progress report from the treating physician, dated 06/09/2015, documented an evaluation with the injured worker. Currently, the injured worker reports that she is two months following L4-5 and L5-S1 anterior-posterior fusion; she is doing well; her groin pain is basically resolved; she is weaning herself off of the Lyrica; she just takes Tylenol #4 for pain as well as Valium; and she had her brace readjusted. Objective findings included she is well appearing with well-healed incisions; she has normal strength in the bilateral lower extremities; and she ambulates well; lumbar spine x-rays demonstrate good placement of her instrumentation and grafts from L4-S1. The treatment plan has included the request for Diazepam 5 mg one by mouth every six hours as needed pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg 1 PO Q6H PRN pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

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 Valium in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. As such, the request for Diazepam 5 mg 1 PO Q6H PRN pain #60 is not medically necessary.