

Case Number:	CM15-0121995		
Date Assigned:	07/06/2015	Date of Injury:	12/15/1995
Decision Date:	08/12/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 12/15/1995. On provider visit dated 05/05/2015 the injured worker has reported chronic low back pain. On examination the injured worker was noted to have an antalgic gait, was noted to have difficulty sitting down and standing up from a chair and postural guarding was noted as well. The diagnoses have included chronic low back pain, lumbosacral degenerative disc disease, failed back surgery, history of lumbosacral surgery x2, opioid dependence and depression and anxiety related to pain. Treatment to date has included Norco, Prozac, Lyrica, Gabapentin, Cymbalta, Amitiza and Percocet. The provider requested Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg Qty 30: 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 rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Benzodiazepines including Clonazepam and Diazepam for over 3 years along with SSRIs. Continued and chronic use is not recommended by the guidelines and the Diazepam is not medically necessary.