

<b>Case Number:</b>	CM15-0123086		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: North Carolina

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:

This 64-year-old male sustained an industrial injury to the low back on 11/21/09. Previous treatment included lumbar laminectomy with decompression (6/14/10), lumbar fusion (6/13), physical therapy and medications. In a PR-2 dated 5/20/15, the injured worker complained of ongoing low back pain. The injured worker was currently undergoing a Norco wean. The physician noted that the current regimen consisted of getting down to ½ tab of Norco as needed for severe pain so that it would work every time. The injured worker reported that a recent trial of Butrans patch worked but was intensified by heat and sun exposure. The injured worker also complained of insomnia. Physical exam was remarkable for lumbar spine with tenderness to palpation to the left sciatic notch and pain free range of motion. The injured worker's gait was antalgic on the left. The injured worker could heel-and-toe-walk. Current diagnoses included lumbar post laminectomy syndrome, bulging lumbar disc and insomnia. The treatment plan included continuing Norco wean, discontinuing Butrans patch and continuing Amitriptyline and Diazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66, 76-80, 124.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason the request is not medically necessary.