

Case Number:	CM15-0125283		
Date Assigned:	07/09/2015	Date of Injury:	02/25/2015
Decision Date:	08/26/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 36 year old female who reported an industrial injury on 2/25/2015. Her diagnoses, and or impression, were noted to include: traumatic hemothorax and complete thoracic-12 comminuted burst fracture with marked retropulsion with severe spinal stenosis, paraplegia, and status-post thoracolumbar fusion surgery (2/26/15); right hemothorax; neurogenic bowel and bladder; depression; acute blood-loss anemia; and anxiety. Multiple imaging studies were done immediately following her injury and admission into the hospital. Her treatments were noted to include hospitalization; thoracic 9-lumbar 3 posterior fusion surgery with pedicle screw fixation and internal reduction of fracture (2/26/15); right thoracostomy/placement of a chest tube (2/25/15-3/1/15); and discharge to an inpatient Acute Spinal Rehabilitation Hospital on 3/5/2015. The psychiatric consultation notes of 3/2/2015, note seeing her withdrawn, anxious and appearing depressed, with the injured worker admitting to feeling anxious and overwhelmed by her trauma and subsequent losses, and of having flash-backs and nightmares about the incident. The Hospital Discharge Summary of 3/5/2015 reported her to be stable and ready for transfer to the Acute Spinal Rehabilitation Hospital for intensive rehabilitation. Objective findings were noted to include stable vital signs; no movement in the bilateral lower extremities; bilateral foot bracing in place (alternated to prevent foot-drop); paraplegia at thoracic-12; and a thoracic back incision with staples that were well-approximated, clean, dry and intact. The physician's requests for treatments were noted to include the discharge from the hospital to the inpatient Acute Spinal Rehabilitation Hospital for intensive rehabilitation, and the continuation of Diazepam as needed for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg, forty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 124.

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has been taking diazepam for longer than 4 weeks which is not in compliance with guidelines. The request for diazepam is not medically necessary and appropriate.