

<b>Case Number:</b>	CM15-0169630		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/12/1990
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male who sustained an industrial injury on 07-12-1990. Current diagnoses include status post lumbar fusion, myofascial pain syndrome, and lumbar radiculopathy. Report dated 08-06-2015 noted that the injured worker presented with complaints that included pain in the low back with radiation to the left lower extremity past the knee, and occasional pain down the right lower extremity. Pain level was 8 out of 10 on a visual analog scale (VAS). The physician noted that the injured worker's medication regimen allows him to perform gentle home exercise program, and that he has been on the current regimen for over ten years. Physical examination performed on 08-06-2015 revealed tenderness and spasticity of the lumbar spine and over the sciatic notch with pain along the L5-S1 dermatomes, positive straight leg raise on the left, mild hypoesthesia in the lateral left thigh, and antalgic gait. Previous diagnostic studies included a lumbar spine MRI. Previous treatments included medications, home exercises, and surgical intervention. The treatment plan included request for a lumbar epidural injection, refilled medications, and follow up in 2 weeks. The utilization review dated 08-26-2015, modified the request for diazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic) Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** MTUS guidelines state on page 24 that benzodiazepines are "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." Per progress report dated 09/03/15, treater states, "continues to be helpful for muscle spasticity, and he would be okay with decreasing the medication to one a day." The patient is prescribed Diazepam since at least 07/09/15, which is over 2 months from the UR date of 08/26/15. MTUS does not recommend benzodiazepines long-term and limits use to 4 weeks. The request for additional Diazepam #90 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.