

Case Number:	CM15-0063756		
Date Assigned:	04/09/2015	Date of Injury:	12/21/1971
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 65-year-old male, who sustained an industrial injury on 12/21/71. The injured worker was diagnosed as having chronic pain due to trauma, insomnia, intervertebral disc disorder with myelopathy lumbar region and anxiety state. Treatment to date has included revision of posterior spinal fusion (3/25/09), oral medications including opioids, physical therapy, a cane for ambulation and activity restrictions. Currently, the injured worker complains of intolerable back pain and intermittent constipation. Physical exam noted tenderness over left and right sacroiliac joint, ataxic gait and ambulation with a cane. The treatment plan included prescriptions for Zolpidem, Valium and Dilaudid. Intramuscular dilaudid and valium were given during the office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg: Upheld

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

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

Decision rationale: The patient presents with intolerable back pain. The request is for DIAZEPAM 10MG. The RFA is not provided. Patient's diagnosis included insomnia and anxiety state. The reports do not reflect whether or not the patient is working. 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." The patient has been taking Diazepam consistently at least since 09/23/14. MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The current request for Diazepam is not in accordance with the guideline recommendations. Therefore, the request IS NOT medically necessary.