

Case Number:	CM15-0069970		
Date Assigned:	04/17/2015	Date of Injury:	11/16/2011
Decision Date:	05/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male injured worker suffered an industrial injury on 11/16/2011. The diagnoses included post laminectomy syndrome and. right lumbar facet mediated pain. The injured worker had been treated with trigger point injections, nerve blocks, and medications. On 2/25/2015 the treating provider reported low back pain and right leg pain with muscle spasms on the right side of the lower back. On exam there is impaired gait with positive lumbar trigger point and painful, stiff range of motion. The treatment plan included Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg Qty: 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. When seen, he was having a flare of symptoms. Physical examination findings included a slow and antalgic gait with a cane. A trigger point injection was present. Valium was started. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the prescribing of Valium was not medically necessary.