

Case Number:	CM15-0088181		
Date Assigned:	06/08/2015	Date of Injury:	08/30/2010
Decision Date:	11/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: Arizona, California

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 8-30-10. The injured worker is being treated for post-laminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, mood disorder and anxiety disorder. On 3-2-15 and 4-16-15, the injured worker complains of low back pain rated 8 out of 10 with radiation to the left leg and right leg, described as severe. He notes medications are currently helping and symptoms are adequately managed. Work status is noted to be temporarily totally disabled. Physical exam performed on 8-2-15 and 4-16-15 revealed well groomed, anxious and hostile, good communication ability, an antalgic gait, positive lumbar straight leg raising test and decreased sensation to light touch over medial calf and lateral calf on right side. Treatment to date has included Functional Restoration Program, oral medications including Nucynta ER 50mg, Wellbutrin SR 150mg and Diazepam 10mg; and activity modifications. The treatment plan included refilling of medications. On 5-7-15 request for Diazepam 10mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 MG Tab #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Valium for several months. Long-term use is not indicated. In addition, it was used for sleep and anxiety. The claimant was already on antidepressants (SNRI) which are more appropriate for long-term use. Continued and chronic use of Diazepam is not medically necessary.