

Case Number:	CM14-0140518		
Date Assigned:	09/10/2014	Date of Injury:	08/22/2011
Decision Date:	10/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 95 pages provided for this review. The application for independent medical review was signed on August 28, 2014. It was for a 10 day supply of diazepam. Per the records provided, she was described as a 53-year-old female who had an unknown injury via an unknown mechanism. An MRI of the cervical spine was done on December 1, 2013. There was persistent central canal stenosis of C5 C6, and C6-C7. This was due to persistent disc osteophyte complex and a congenitally narrowed spinal canal. As of July 11, 2014, there was still pain in her neck. She feels worse than before the surgery. The trigger point injection to the right and left cervical paraspinals were well-tolerated. The concern was with chronic benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM TAB 5MG #30 (10 DAYS SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: The MTUS is silent. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is Diazepam tab 5mg #30 (10 Days' Supply) is not medically necessary.