

Case Number:	CM14-0143324		
Date Assigned:	09/10/2014	Date of Injury:	03/27/2013
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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:

The patient is a 58 year old male who was injured on 03/27/2013 while pulling a desk into a classroom when he felt lower back pain. Prior medication history included Simvastatin, Soma, and Diazepam 5 mg (as of 02/10/2012) Metoprolol, Norco, and Warfarin. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/10/2013 revealed multilevel degenerative disk disease which has shown gross stability if not slight interval worsening. At L3-L4, there is mild to moderate central spinal canal stenosis. Progress report dated 07/07/2014 documented the patient to have complaints of pain in the left knee and knee cap. He is having right knee pain as well. He has radiating pain in the low back and tailbone going up left side. He rated his pain with his medications, one of which is Diazepam, as a 6/10 and without his medications, his pain increases to 10/10. His exam revealed no significant findings. He is diagnosed with lumbago/low back pain, knee pain/joint pain, and long history of medication usage. He is recommended to continue with Diazepam 5 mg and medial branch blocks bilaterally at the lumbar spine. Prior utilization review dated 08/19/2014 states the request for Diazepam 5mg qty: 90 is denied as medical necessity has not been established; and bilateral medial branch blocks L3-S1 are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg QTY:90: Upheld

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

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

Decision rationale: According to MTUS guidelines, 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." In this case, a request is made for Diazepam for a 57-year-old male with chronic back pain among other complaints. However, the patient is taking this medication on a long-term basis without evidence of clinically significant functional improvement, including reduction in dependency on medical care. Therefore, this request is not medically necessary.

Bilateral Medial Branch Blocks L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: This is a request for bilateral medial branch blocks L3-S1 for a 57-year-old male injured on 3/27/13 with chronic low back pain. MTUS guidelines are silent on this issue. According to ODG guidelines, facet joint diagnostic blocks are recommended "prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study")." However, guidelines also recommend no more than 2 facet joint levels are injected in one session. In this case, 3 joint levels are requested, L3-4, L4-5, and L5-S1. Therefore, this request is not medically necessary.