

Case Number:	CM13-0008704		
Date Assigned:	09/10/2013	Date of Injury:	02/13/2010
Decision Date:	01/09/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in anesthesiology, has a subspecialty in pain 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 physician 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.

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 44-year-old who reported an injury on 02/13/2010. The patient is currently diagnosed with cervical spine pain, left shoulder pain, potential for focal entrapment neuropathy of the upper extremities, lumbosacral spinal injury, and degenerative disc disease of the cervical spine. The patient was seen by [REDACTED] on 08/22/2013. The patient complained of numbness and tingling to the bilateral upper extremities with weakness, stiffness, pain, and headaches. Physical examination revealed 3/5 strength of the left shoulder, 4/5 strength of bilateral lower extremities, normal muscle tone, tenderness to palpation of the AC joint, positive impingement testing on the left, decreased sensation at bilateral C6, C7, L5, and L4 dermatomes, tenderness to palpation over C2 through C6 facet capsules, positive Spurling's maneuver on the left, positive foraminal compression testing on the left, restricted range of motion, myofascial triggering, tenderness to palpation over L3 through S1 facet capsules bilaterally, myofascial pain with triggering, and spasm in the paracervical musculature. Treatment recommendations included continuation of current medications as well as 8 sessions of physical therapy and a psychiatric evaluation. The patient also received trigger point injections on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg, 120 count: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment 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 the use to four weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. As per the clinical notes submitted, no exceptional factors are noted in the documentation to consider this request as an outlier to the guidelines. Despite the ongoing use of this medication, the patient continues to present with persistent pain, weakness, stiffness, numbness, and headaches. The patient's physical examination continues to reveal restricted range of motion, tenderness to palpation, positive compression testing, severe spasms, and trigger points. Satisfactory response to treatment has not been indicated. The request for Diazepam 5mg, 120 count, is not medically necessary or appropriate.