

<b>Case Number:</b>	CM13-0019343		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 48-year-old male with a reported date of injury on 07/15/2010; the mechanism of injury was not provided. It was noted that the injured worker underwent a C7-T1 decompression and posterior spinal fusion C5-T2 on 01/09/2013. The clinical note dated 07/11/2013 noted that the injured worker had complaints that included pain to the neck and bilateral wrists, which has been increasing. Upon examination, it was noted that the cervical spine was not be properly assessed due to the injured worker wearing a cervical collar. The objective findings included a decreased sensation to light touch of the medial portion of the left hand and a normal motor strength examination of the upper extremities. The request for authorization was not provided in the available clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM 5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66.

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

**Decision rationale:** It was noted that the injured worker underwent a C7-T1 decompression and posterior spinal fusion C5-T2 on 01/09/2013. The clinical note dated 07/11/2013, indicated that the injured worker had complaints that included pain to the neck and bilateral wrists that has been increasing. Upon examination, it was noted that the cervical spine was not be properly assessed due to the injured worker wearing a cervical collar. The Chronic Pain Guidelines do not recommended benzodiazepines for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The guidelines limit use to four (4) weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The medical necessity of this requested medication has not been established. The documentation did not provide adequate evidence that the injured worker had symptomatology that would benefit from the use of this requested medication. Additionally, the therapeutic goal for the use of this medication remains unclear. Furthermore, the request does not specify the duration or frequency for which the medication would be given. As such this request is non-certified.