

Case Number:	CM13-0046958		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2000
Decision Date:	11/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine and is licensed to practice in Illinois. 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 52 year old woman with a date of injury of 1/3/2000. No information is provided about the injury. According to a clinical note dated April 17, 2013, she complains of migraines, neuropathic pain and tendinitis. Quality of pain is described as sharp, aching, throbbing, burning, electrical, cramping, shooting, dull and stabbing. She is currently on an intrathecal pump of Prialt. She is having neck pain and upper extremity pain flare-ups and difficulty sleeping. No physical exam is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 DIAZEPAM 10MG WITH 2 REFILLS: Upheld

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

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

Decision rationale: This worker has migraines, neuropathic pain and tendinitis. However, there are more appropriate medications to treat these conditions. Per the Medical Treatment Utilization Schedule (MTUS), benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Chronic benzodiazepines are the

treatment of choice in very few conditions. There is no reason given as to why this medication has been prescribed for this worker. Therefore, the request is not medically necessary.