

<b>Case Number:</b>	CM13-0063426		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 & Rehabilitation 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:

This is a patient with a date of injury of 2/5/04. A utilization review determination dated 11/26/13 recommends modification of Diazepam from #60 to #30 and Restoril from #25 with a refill to #12 with no refills. Both recommendations were for the purpose of tapering. A 9/25/13 medical report identifies that the patient was evaluated via telephone conference. He was frustrated and feels that his case is being dragged out, he "doesn't have a doctor fix his back, and he's afraid that he never will." Medications are Abilify, Pristiq, "proprion XL," diazepam, and Restoril. He was encouraged not to take Restoril every night as it can become quite habit forming. A 7/3/13 medical report identifies that diazepam is prescribed for his back issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DIAZEPAM 10MG, 1 BY MOUTH TWICE A DAY AS NEEDED, #60: 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 section on Benzodiazepines Page(s): 24.

**Decision rationale:** Regarding the request for Diazepam, the MTUS Chronic Pain Guidelines state that 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... 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." Within the documentation available for review, it is noted that the diazepam is prescribed for the patient's back issues. There is no indication of its efficacy for treating the patient's back pain or another condition such as anxiety. A clear rationale for long-term use despite the MTUS Chronic Pain Guidelines' recommendation of short-term use was also not provided. In light of the above issues, the current request is not medically necessary and appropriate.

**RESTORIL 30MG, 1 BY MOUTH AT BEDTIME, #25 WITH A REFILL:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, section on Insomnia Treatment

**Decision rationale:** Regarding the request for Restoril, a benzodiazepine, the MTUS Chronic Pain Guidelines state that 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... 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." Specific to insomnia treatment, the ODG cites that benzodiazepines such as Restoril are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Within the documentation available for review, there is no indication of its efficacy for treating the patient's insomnia. There is also no clear rationale for long-term use despite the MTUS Chronic Pain Guidelines' and ODG's recommendations for only short-term use. In light of the above issues, the currently requested Restoril is not medically necessary.