

<b>Case Number:</b>	CM13-0063724		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/04/2013
<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 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 50-year-old male who reported an injury on 05/22/1997. The mechanism of injury was not provided for review. The injured worker ultimately underwent a cervical fusion of the C6-7 followed by revision surgery. The injured worker has a treatment history significant for a stroke with right sided hemiplegia and traumatic brain injury with a history of cocaine usage. The injured worker's treatment history included an intrathecal pain pump and multiple medications. The injured worker was evaluated on 11/26/2013. It was documented that the injured worker had cervical spine tenderness and restricted range of motion secondary to pain. The injured worker's diagnoses included post cervical laminectomy syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, and cervical radiculopathy. The injured worker's treatment plan included continuation of medications. A request was made for diazepam for anxiety, sleep, and muscle relaxation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM 5MG #30:** 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:** The requested DIAZEPAM 5 MG #30 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends benzodiazepines for short durations of treatment not to exceed 4 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review does indicate that the injured worker has been on a benzodiazepine since at least 03/2012. As the duration of treatment has exceeded Guideline recommendations and there are no exceptional factors to support extending treatment beyond Guideline recommendations, continued use of this medication would not be supported. Also, the request as it is submitted does not contain a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested DIAZEPAM 5 MG #30 is not medically necessary or appropriate.