

Case Number:	CM14-0012292		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2002
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 Geriatrics and is licensed to practice in New York. 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 who reported a date of injury of 10/28/02 who was seen by his physician on 12/9/13 for refills of his chronic pain medications. He had chronic neck and back pain and was currently prescribed morphine, carisoprodol and oxycontin. He stated that the carisoprodol was no longer controlling his muscle spasms and asked to switch back to diazepam. His physical exam showed he had pain with palpation in his neck and upper back in the thoracic spine between the scapulas and pain in his lumbar lower back. He was ambulatory with a cane with 'abnormal' gait. No muscle spasms were documented on the exam. The plan was to change his carisoprodol to diazepam and to continue his other medications for back and neck pain. The diazepam is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 5MG #120: Upheld

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

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

Decision rationale: Diazepam or benzodiazepenes 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. This injured worker has an injury from 2002 and has been maintained on chronic opioids and carisoprodol. He had a subjective increase in spasms which are not noted on the physical exam. Therefore, the request for diazepam is not medically necessary and appropriate.