

Case Number:	CM14-0019399		
Date Assigned:	04/21/2014	Date of Injury:	04/09/2010
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 34 year old male who reported an injury on 04/09/2010 secondary to an unknown mechanism of injury. He was evaluated on 09/30/2013 and reported "doing quite well." It was noted that he had started aqua therapy and was using a lumbar corset. Medications at that time were noted to include Vicodin. A request was submitted for Diazepam tab 10mg, quantity: 30 (30 day supply). The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM TAB 10 MG, QUANTITY: 30 (30-DAY SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINE Page(s): 24; 124.

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

Decision rationale: The request for Diazepam tab 10mg, quantity: 30 (30 day supply) is non-certified. California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. These guidelines also state that long-term use may actually increase anxiety and

that a more appropriate treatment for anxiety disorder is an antidepressant. The most recent clinical note included in the documentation submitted for review is dated 09/30/2013. There is a lack of recent documented evidence to indicate that the injured worker is experiencing symptoms of anxiety or has a diagnosis of anxiety. There is also a lack of documentation to indicate the duration of treatment with Diazepam. As such, the request for Diazepam tabs 10mg, quantity: 30 (30 day supply) is not medically necessary and appropriate.