

<b>Case Number:</b>	CM14-0122205		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 7/9/2002. Current diagnoses are neck pain, cervical radiculopathy, low back pain, lumbar/thoracic radiculopathy, post laminectomy pain syndrome, chronic pain syndrome, pain in shoulder and pain in upper arm. Current medications include Fentanyl patches, immediate release morphine, Lyrica, Ambien, and Diazepam. The request is for Diazepam 10 mg #60 with 2 refills. The original UR reviewer approved Diazepam 10 mg #40 for 30 days for purposes of weaning and denied the remaining requested pills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10Mg #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Section 2, p 24.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the claimant has been treated with Valium for considerably longer than the recommended 4 weeks. The original UR decision approved a limited number of Valium 10 mg (#40) to allow for weaning of the medication. This request for Diazepam 10mg #60 with 2 refills is not medically necessary.