

Case Number:	CM14-0135777		
Date Assigned:	08/29/2014	Date of Injury:	11/01/2002
Decision Date:	10/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 54-year-old male who reported an injury on 11/01/2002. The mechanism of injury was not provided. Diagnoses included chronic muscle spasms, insomnia, and chronic pain of the lower extremity. Past treatments included medications. Diagnostic studies included an official urine drug screen on 07/09/2014, with results consistent with prescribed medications. Surgical history included multiple knee and ankle surgeries, with the most recent being hardware removal from the knee in spring 2014. The clinical note dated 09/08/2014 indicated the injured worker complained of pain in the left knee radiating to the left ankle. He rated the pain 9/10 without medications and 6/10 with medications. The physical exam revealed joint pain and muscle weakness. Current medications included Diazepam 10 mg, Norco 10/325 mg, baclofen 10 mg, Promethazine 25 mg, and Prilosec 20 mg. The treatment plan included Diazepam 10 mg 1 by mouth every day to twice a day as needed for spasms #35 with 1 refill for weaning off over 3 months. The rationale for the treatment plan was for symptomatic relief of muscle spasms. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg 1 PO QD TO BID PRN SPASMS qty #35 with 1 refill for weaning off over 3 months: Upheld

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

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

Decision rationale: The request for Diazepam 10mg 1 po qd to bid prn spasms count #35 with 1 refill for weaning off over 3 months is not medically necessary. The California MTUS Guidelines indicate 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 anticonvulsant and muscle relaxant effects occurs within weeks. The clinical documentation provided indicated the injured worker complained of left knee pain radiating to the left ankle. It is unclear how long he had been taking the requested medication, as the physician noted he recently took over care for this injured worker. There is a lack of documentation that the injured worker complained of muscle spasms; however, the physician noted that the rationale for the requested medication was to control muscle spasms. Without subjective complaints of muscle spasms, the request cannot be supported. Additionally, the medication as requested would indicate a treatment plan longer than what the guidelines recommend. Therefore, the request for Diazepam 10mg 1 po qd to bid prn spasms count #35 with 1 refill for weaning off over 3 months is not medically necessary.