

<b>Case Number:</b>	CM14-0138514		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on 11/19/2001. The mechanism of injury was noted as bilateral wrists injuries from overuse syndrome. The most recent progress note, dated 7/17/2014, indicated that there were ongoing complaints of wrists pains. Physical examination revealed the patient with "gait assisted by a cane, asymmetric and unable to turn quickly." No recent diagnostic imaging studies available for review. Diagnoses were carpal tunnel syndrome, peripheral neuropathy and sleep apnea. Previous treatment included gabapentin, simcor, wellbutrin, diazepam, tizanidine, meloxicam, oxycodone and Opana ER. A request had been made for diazepam 10 Mg #30, which was partially certified for #15 for weaning in the utilization review on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 Tablets Of Diazepam 10 Mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepins Page(s): 24-124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

**Decision rationale:** MTUS Treatment Guidelines do not support benzodiazepines (diazepam) for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The claimant has wrist pain after a work related injury reported in 2001. As such, this request is not considered medically necessary.