

<b>Case Number:</b>	CM14-0152382		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/30/1982
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 58 year old male with complaints of neck pain, low back pain, and lower extremity pain. The date of injury is 8/30/82 and the mechanism of injury is not elicited. At the time of request for Diazepam 5mg #60 with 2 refills and Flector 1.3% patch #30 with 2 refills, there is subjective (neck pain, low back pain, right buttock/thigh pain, bilateral knee pain, right foot pain) and objective (none submitted "unchanged from last exam" the last exam not being submitted) findings, imaging findings (no reports submitted), diagnoses (disc disorder lumbar, low back pain, chronic pain syndrome, depression with anxiety), and treatment to date (medications, TENS, home exercise). Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Flector, a topical formulation NSAID, is not recommended as a first line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg bid prn #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines

**Decision rationale:** Per ODG treatment decisions, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In review of the medical records, there are no notes from a psychiatrist as the patient has a significant psychiatric history including a history of severe depression, anxiety, drug misuse, and suicidal ideation. Therefore, the request for Diazepam 5mg #60 is not medically necessary.

**Flector 1.3% patch 1 daily #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Flector patch

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac, topical, Flector

**Decision rationale:** Per ODG treatment decision, Flector, a topical formulation NSAID, is not recommended as a first line treatment. In review of the medical records, there is no documentation of failure of first line NSAID treatment ie ibuprofen/naproxen. Therefore, the request for Flector 1.3% patch #30 with 2 refills is not medically necessary.