

<b>Case Number:</b>	CM14-0022283		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Anesthesiology and is licensed to practice in Texas, New Jersey, and 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:

The injured worker is a 40 year old male who was injured on 05/10/04 due to undisclosed mechanism of injury. Current diagnoses included cervicogenic headaches, depression secondary to pain, and bilateral upper extremities neuropathy. Clinical note dated 12/05/13 indicated the injured worker presented complaining of neck pain, bilateral shoulder and arm pain, headaches, and decreased upper extremities temperature per patient. The injured worker forgot to wear TENS unit which he utilized approximately 80% of the day and was now complaining of significant neck pain, bilateral arm pain, numbness and tingling, and coldness of bilateral hands. It was reported that medications allowed the patient to remain active, perform modified activities of daily living, and take care of himself. It was also reported the patient felt very cold from the chest up and had difficulty getting warm. Physical examination revealed tenderness of paracervical muscles, stiffness and discomfort with range of motion in the cervical spine, bilateral discomfort with shoulder range of motion, and bilateral hands cool to touch with decreased sensation throughout. Pain was rated 7/10 on VAS. Current medications included Diazepam 10mg QHS, Methadone 10mg QID, and Percocet 10-325mg Q four to six hours. Clinical note dated 01/30/14 indicated the injured worker continued to complain of neck, bilateral shoulder, and bilateral arm pain. It was reported that Dilaudid was working well for pain relief and methadone continued to be well tolerated. Valium helped reduce muscle pain at night and the injured worker reported feeling very lethargic and unable to get moving following initiation of Trazodone. The injured worker reported feelings of depression secondary to pain and limited abilities due to injury. The initial request for Diazepam 10mg at bedtime #30 was initially non-certified on 02/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM 10MG, AT BEDTIME, #30:** 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 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. The injured worker has exceeded the 4 week treatment window. As such, the request for Diazepam 10mg, at bedtime, #30 cannot be recommended at this time.