

Case Number:	CM14-0028647		
Date Assigned:	06/16/2014	Date of Injury:	02/12/2008
Decision Date:	08/08/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 Psychiatry and is licensed to practice in California. 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:

56 year old male injured worker with date of injury 2/12/08 with related anxiety and depression associated with back and neck injury. The injured worker also suffered from chronic pains which aggravated the psychiatric symptoms. Per progress report dated 5/14/14, the injured worker noted he had been in a lot of pain and felt depressed. He slept for 4-5 hours each night and this had improved with the help of trazodone. Hereported feeling tired all the time. He had no motivation to get out of bed. His concentration had been fair. His appetite was good. He denied any suicidal ideations. He had decreased energy but with Nuvigil, his energy and daytime sleepiness had improved. He denied any side effects from medications. He reported going to NA and AA meetings. Treatment to date has included physical therapy, epidural steroid injections, and medication management. His medications included Cymbalta 60mg daily, Nuvigil 150mg daily, trazodone 10mmg PRN, Valium 10mg up to two times a day PRN. The date of UR decision was 2/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10 MG #45: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. The documentation submitted for review indicates that this medication has been in use since at least 9/2013, but the guidelines do not support the use of this medication for over 4 weeks. Therefore the request is not medically necessary.