

Case Number:	CM14-0036154		
Date Assigned:	06/23/2014	Date of Injury:	01/06/1999
Decision Date:	08/07/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 57-year-old male with a date of injury on 1/6/1999. Diagnoses include osteoarthritis of the hand, status post carpometacarpal (CMC) suspension arthroplasty on 12/19/13, right lateral epicondylitis, lumbar sprain/strain, cognitive disorder, and adjustment disorder with anxiety and depression. Subjective complaints are of pain in the back and shoulder, right thumb pain and mild depression and anxiety. Physical exam shows reduced right elbow range of motion, pain over the right lateral condyle, and pain with resisted wrist extension. Medications include Pristiq, Trazodone, Oxycodone/Acetaminophen, Diazepam 5mg 1-2 at bedtime, Aciphex, and Theophylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg, #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the

individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. Previous utilization review recommended a slow wean off of this medication, which would still be appropriate. Due to these reasons, the medical necessity of Diazepam (Valium) is not established.