

<b>Case Number:</b>	CM14-0037406		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Practice 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:

A 45 yr. old female patient sustained a work injury on 1/16/13 involving the neck and back. She has a diagnosis of cervical spine strain, lumbar radiculopathy, anxiety, depression, and myospasms. A progress note dated on 1/16/13 indicated she had persistent low back pain with numbness to the right leg. Prior spinal injections provided no relief. She had not undergone chiropractor therapy. She had received aqua therapy and acupuncture. Physical findings were notable for lumbar, cervical and thoracic paraspinal spasms. The treating physician prescribed Tramadol 50 mg #90, Diazepam 5 mg #60 and chiropractic therapy along with aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #60 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 117, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** 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 (Baillargeon, 2003) (Ashton, 2005). In this case, the indication for Diazepam (a benzodiazepine) was not mentioned in the clinical notes. It is unclear if it used for anxiety or muscle spasms. It is unclear if the anxiety and depression are related to the industrial injury. As a result, the Diazepam is not medically necessary.