

<b>Case Number:</b>	CM14-0040937		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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:

According to the records made available for review, this is a 54-year-old male with a 7/1/02 date of injury. At the time (3/13/14) of request for authorization for Diazepam 10mg #60 with one (1) refill, there is documentation of subjective (chronic pain at multiple sites with spasticity) and objective (tenderness to palpation over the lumbar spine) findings, current diagnoses (lumbar pain with radiculopathy, lumbar degenerative facet disease, cervicgia, myofascial pain syndrome, chronic neck pain status post anterior arthrodesis, cervicocranial syndrome, carpal tunnel syndrome, anxiety/depression, and sleep disorder), and treatment to date (intrathecal pain pump placement, and medications (including Diazepam since at least 10/1/13 with increase in daily functioning)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #60 with one (1) refill:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar pain with radiculopathy, lumbar degenerative facet disease, cervicgia, myofascial pain syndrome, chronic neck pain status post anterior arthrodesis, cervicocranial syndrome, carpal tunnel syndrome, anxiety/depression, and sleep disorder. In addition, given documentation of increase in daily functioning with use of Diazepam, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Diazepam. However, given documentation of ongoing treatment with Diazepam since at least 10/1/13, there is no documentation of short-term (limit use to 4 weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Diazepam 10mg #60 with one (1) refill is not medically necessary.