

<b>Case Number:</b>	CM14-0045899		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/01/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Internal 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 injured worker is a 41-year-old female who has an undefined date of injury on August 1, 2005. It is unclear if she is currently working. She does have lumbar radiculopathy, bilateral hand problems with chronic left first metacarpophalangeal joint dislocation, right wrist internal derangement and right common extender tendon rupture. She has had refractory pain. Conservative treatments have included physical therapy and occupational therapy. In May of 2014, a certification request for acupuncture was submitted. An MRI was approved with anticipation that a hand specialist will see her. On March 19, 2014, the patient reported that she suffers with claustrophobia during MRI's; thus, the physician gave her a prescription of Valium 5mg to manage her anxiety during the MRI. The claims administrator citing the MTUS discussion that chronic use of Benzodiazepines can lead to dependence and denied this prescription of Valium 5mg, #30. The medical records provided did not indicate that this patient takes Valium or any other anxiolytic for anxiety or insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Anti-spasticity/Antispasmodic Drugs, Benzodiazepines Page(s): 24,66.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Based on the medical records provided for review this is a one-time prescription request for Diazepam 5mg, so that the claimant can take it prior to her upcoming MRI. It is unclear why a quantity of 30 pills was requested. A quantity of 30 pills is not medically necessary to help calm the nerves in an MRI setting. For the reasons, the request for Diazepam 5mg, quantity 30 is not medically necessary and appropriate.