

Case Number:	CM14-0061617		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2007
Decision Date:	08/27/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 64-year-old male who reported an injury on 04/01/2007 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 03/19/2014 for reports of decreasing energy level, difficulty with sleep, hoarseness, sore throat, difficulty swallowing and increasing leg pain. The exam noted pain in the occiput, trapezius, supraspinatus, gluteal, low cervical, second rib, lateral epicondyle, greater trochanter, and knee areas. The diagnoses included industrial related fibromyalgia. The treatment plan included therapy equipment, possible injections, and interdisciplinary fibromyalgia treatment program, acupuncture, and a possible neuropsychological evaluation. The injured worker has been prescribed diazepam since at least 10/25/2013. The Request for Authorization dated 04/10/2014 without rationale for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg Quantity 50 to initiate safe weaning off Benzodiazepines: Upheld

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

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

Decision rationale: The request for diazepam 5 mg quantity 50 to initiate safe weaning off benzodiazepines is non-certified. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use due to the long term efficacy being unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed diazepam since at least 10/25/2013. This time exceeds the amount of time considered short term. There is a significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication. Furthermore, the request does not include the specific dosage frequency being prescribed. Therefore, due to the significant lack of clinical evidence of the evaluation of the efficacy of the prescribed medication, the timeframe the injured worker has been prescribed the medication exceeding the time frame to be considered short term, and the specific dosage frequency not being included in the request, the request for diazepam 5 mg quantity 50 to initiate safe weaning off benzodiazepines is not medically necessary.