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| <b>Case Number:</b>   | CM14-0063732 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 10/14/2010 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 51 year old employee with date of injury of 10/14/20010. Medical records indicate the patient is undergoing treatment for intervertebral lumbar disc disorder with myelopathy in lumbar region; hydrocephalus; slow transit constipation, leg pain and headaches. Subjective complaints include depression associated with chronic pain; his constipation and insomnia are both controlled well with medications. His headaches are recurrent and intense, not migraine in nature. Medication helps "some" with the headaches. Objective findings include mild tenderness to the back when palpated and paralumbar myospasm noted. Also noted was that patient was O x 3 and alert during the exam. Treatment has consisted of Oxycodone HCl, Nortriptyline, Methadone, Miralax, Neurontin, Diazepam, Lorazepam. The patient has a shunt for his hydrocephalus which was a consequence of his injury. The utilization review determination was rendered on 4/1/2014 recommending non-certification of Retro Diazepam 5mg #90 with 1 refill 03.28.2014 and Lorazepam 0.5mg #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Diazepam 5mg #90 with 1 refill 03.28.2014:** Upheld

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

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

**Decision rationale:** MTUS states that benzodiazepine (i.e. Diazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. 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." Medical records indicate that the patient has been on Diazepam longer than 4 weeks, exceeding MTUS recommendations. The treating physician has not provided documentation of any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, the utilization reviewer on 4/1/2014 recommended weaning of Diazepam and Lorazepam. As such, the request for Retro Diazepam 5mg #90 with 1 refill 03.28.2014 is not medically necessary.

**Lorazepam 0.5mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** MTUS states that benzodiazepine (i.e. Lorazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. 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." Medical records indicate that the patient has been on Diazepam longer than 4 weeks, exceeding MTUS recommendations. The treating physician has not provided documentation of any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, the utilization reviewer on 4/1/2014 recommended weaning of Diazepam and Lorazepam. As such, the request for Lorazepam 0.5mg #30 with 1 refill is not medically necessary.