

<b>Case Number:</b>	CM14-0067938		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Occupational Medicine and is licensed to practice in 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 55-year-old male whose original date of injury is listed as November 1, 2002. He has had chronic left lower extremity pain including the ankle and knee and has a history of ankle fusion surgically. In February 2006 he underwent a left knee arthroscopic chondroplasty, lateral retinacular release, and internal fixation. His diagnoses include chronic pain due to trauma, closed tibial fracture, closed fracture the femur, status post ankle fusion and COAT. He has been maintained on Hydrocodone for pain and Diazepam 10 mg anywhere from once a day to several times a day for spasms of the left lower extremity. A utilization review from May 16, 2014 modified the request for Diazepam 10 mg #60 and one refill, to Diazepam 10 mg #35 with one refill, for the purpose of weaning the Diazepam over a period of 2 to 3 months, 10% per week. Office notes from the treating physician address this issue periodically and it appears that at times the Diazepam was replaced with other muscle relaxants, but it seems that all subsequent notes reflect that the injured worker continues on Diazepam 10 mg one or two daily as needed for spasm. There is an indirect reference to the utilization review recommendations and that it was felt that taking 10 mg of Diazepam once or twice a day was not terribly concerning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10 mg # 60 with 1 refill:** Upheld

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

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

**Decision rationale:** Benzodiazepines are not recommended for long-term use because their efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this instance, the utilization review physicians have modified a quantity of Diazepam provided so that a weaning protocol could be initiated. In spite of the documentation available which clearly spells out the weaning protocol, a request is again submitted for the original quantity of Diazepam 10 mg, #60, and one refill. For the reasons mentioned above, Diazepam 10 mg, #60, and one refill, is not medically necessary.