

Case Number:	CM14-0085042		
Date Assigned:	07/23/2014	Date of Injury:	11/23/2000
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Child and Adolescent Psychiatry 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:

The injured worker is a 70 year old male who was injured at work on November 23, 2000. The injured worker was lifting a 180 pound bag when he suffered neck and shoulder injuries. The injured worker underwent a right shoulder rotator cuff surgery, and later a right carpal tunnel release. Subsequently the injured worker developed chronic pain, and is diagnosed with cervical intervertebral disc displacement without myelopathy. Diazepam has been prescribed to help alleviate insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Benzodiazepines.

Decision rationale: MTUS Guidelines indicate that long term use of benzodiazepines is not recommended. Their usefulness as hypnotic/sleep aids is limited by the occurrence of tolerance. The ODG guidelines indicate that benzodiazepine medications are not recommended as first line

medications. This is because in the long term they can lead to the development of tolerance, dependence and adverse side effects. Diazepam (Valium) is a benzodiazepine medication. The injured worker is diagnosed with a chronic pain disorder with muscle spasms. There are alternative medications which would be appropriate as first line treatments for his symptoms. The request is therefore denied as not medically necessary on this basis.