

Case Number:	CM14-0098665		
Date Assigned:	07/28/2014	Date of Injury:	08/30/1982
Decision Date:	09/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58 year old man who sustained a work-related injury on August 30, 1982. Subsequently, he developed with chronic neck and back pain, as well as bilateral shoulder pain, left wrist pain and left ankle pain. According to a progress report dated on April 25, 2014, the patient continued to complain of neck pain, back pain, and bilateral shoulder pain. His pain intensity was 10 over 10 without medications. He also reported to depression, large mood swings and poor quality of sleep the patient was treated with diazepam 5 mg twice a day and bupropion, venlafaxine. His physical examination demonstrated cervical tenderness as well as lumbar tenderness. His neurologic examination was not focal. Similar findings were reported in the note of June 4, 2014. The provider requested authorization for diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60 2 Refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia improvmenet with Diazepam that was used at least since April 2014. Although the patient was reported to have anxiety and depression, the use of antidepressant is more appropriate. Therefore, the use of Diazepam 5mg #60 2 refills is not medically necessary.