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| <b>Case Number:</b>   | CM14-0126803 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 12/20/2004 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 08/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/11/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female sustained a work related injury on 12/20/2014. According to a follow up evaluation report dated 01/21/2015, the injured worker had an injury to her left ankle resulting in a tear and required surgical repair which took place in 2005. She initially developed complex regional pain syndrome in the left foot which ultimately spread into the right lower extremity and bilateral hands. Since then, she started conservative measures using medications, physical therapy and acupuncture. She also tried injection therapy with all limited and short acting relief. Current medication regimen included Duexis, Diazepam and Paxil. Diazepam helped allow decreased dysesthesias and also helped insomnia as well as addressed anxiety due to her unrelenting condition. On 08/08/2014, Utilization Review non-certified Diazepam 5mg #30. According to the Utilization Review physician, guidelines recommend against long-term use of benzodiazepines in the treatment of chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines, page 24 was referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg, #30:** 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:** According to the 04/15/2014 hand written report, this patient presents with left lower extremity pain. The current request is for Diazepam 5mg, #30. The request for authorization is not included in the file for review. The patient's work status is "Permanent and Stationary." Regarding Benzodiazepines, the MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Diazepam #30 and it is unknown exactly when the patient initially started taking this medication. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.