

<b>Case Number:</b>	CM14-0197676		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/19/2004
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 55 year old female sustained a work related injury on 7/19/2004. The current diagnoses are lumbar paraspinal muscle spasms and muscle spasms of the neck. According to the progress report dated 8/15/2014, the injured workers chief complaints were chronic pain. The physical examination revealed tight, band-like bilateral trapezius. Trigger point needling was performed on both the right and left upper trapezius, which was tolerated well. The treating physician prescribed Diazepam 5mg #30, which is now under review. On 9/5/2014, physical therapy was initiated. Work status was not described. On 10/31/2014, Utilization Review had non-certified a prescription for Diazepam 5mg #30. The Diazepam was non-certified based long term use, which is unsupported in the guidelines. The Official Disability Guidelines were cited.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition; California MTUS guidelines, web-based edition [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diazepam 5 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are lumbar paraspinal muscle spasm; and muscle spasm of neck. There are no clinical notes in the medical record. There are physical therapy notes and one trigger point needling progress note dated August 15, 2014. The documentation (Infra) was gathered from an August 15, 2014 progress note. The request for authorization was dated October 20, 2014. No medications documented. Subjectively, the injured worker presents for trigger point needling of the shoulders. Objectively, the upper trapezius bilaterally or tight and band like. There is no start date for diazepam. Consequently, absent clinical documentation to support the ongoing use of diazepam with a start date and evidence of objective functional improvement, Diazepam 5 mg #30 is not medically necessary.