

Case Number:	CM14-0204001		
Date Assigned:	12/16/2014	Date of Injury:	06/07/1999
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, 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:

Records indicate the patient is a 61-year-old female who sustained injuries to her neck and upper extremities 6/7/99. Records also indicate she has completed two chronic pain management programs. Records indicate she completed a QME exam in 2008 and her neck and upper extremity complaints were considered permanent and stationary. Records indicate that she is not currently working. 4/14/14 attending physician report indicates she alternates between Valium and Soma so she doesn't get dependent on either. Records indicate she takes these medications for muscle spasms. Records indicate the only therapy that seems to help her hands is pool therapy. Most recent records demonstrate she has persistent neck pain, hand pain and trigger finger pain. Her current diagnosis is: 1. Carpal Tunnel Syndrome. The utilization review report dated 11/13/14 denied the request for Diazepam 10mg #60, 1 by mouth twice per day as needed for spasms, 3 refills (RFA dated 10/30/2014) based on lack of supporting documentation to certify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60, 1 by mouth twice per day as needed for spasms, 3 refills (RFA dated 10/30/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient has a chronic history of hand, finger and neck pain. The current request is for Diazepam 10mg #60, 1 by mouth twice per day as needed for spasms, 3 refills (RFA dated 10/30/2014). Diazepam belongs to a group of drugs called benzodiazepines and is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." In this case, the request for authorization fails to discuss the reasoning for requesting Diazepam. From the lack of documentation it is unclear if the recommendation is for anti-anxiety or for muscle spasm. According to ACOEM guidelines, page 65, a detailed and thorough medical history must be obtained with relevant complaints, diagnosis/imaging results and treatments instituted thus far, prior to definite assessments on the requested services. Records indicate that the carrier made requests for additional documentation to support the request for Diazepam but no additional documentation is found in the records I have available for review. Furthermore, MTUS only allow this medication for short term usage of 2-4 weeks and this request is for a 4 month supply indicating chronic usage. As such, this request is not medically necessary,