

<b>Case Number:</b>	CM14-0028007		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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. 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:

The injured worker is a 62 year old female, who sustained a work related injury on 4/6/00. The diagnosis has included bilateral lateral and medial epicondylitis. Treatments to date have included medications including Diazepam and activity modifications. In the PR-2 dated 1/29/14, the injured worker complains of pain in bilateral elbows. She describes the pain as throbbing and severe. She states it is affecting her ability to do activities of daily living. She states it improves with anti-inflammatory medicine and any use of arms makes it worse. She has tenderness to palpation of both elbow joints limitation of movement and has shoulder and neck pain. On 2/19/14, Utilization Review non-certified a request for Diazepam 5mg, #60 with 3 refills for anxiety from injury. Non-MTUS 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker is being treated for chronic bilateral epicondylitis. Pharmacological pain management includes Valium 5 mg, Norco 10 mg, Ambien 12.5 mg and Zanaflex 4 mg. Request is being made for continuation of Valium 5 mg. With regards to benzodiazepines, MTUS guidelines recommend limiting to 4 weeks duration secondary to rapid development of tolerance. Request as written is not in compliance with stated guidelines and therefore not medically necessary.