

Case Number:	CM15-0003696		
Date Assigned:	01/15/2015	Date of Injury:	06/16/2003
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona
 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 33-year-old male who reported injury on 06/16/2013. The documentation of 12/15/2014 revealed the injured worker was in the office for a psychopharmacologic followup. The injured worker had pain of a 6/10. Anxiety was noted to be down; however, the injured worker had an exacerbation of free floating anxiety and a decrease of mood due to being out of medications for approximately 1 week. The medications were noted to include Abilify 15 mg and Cymbalta 30 mg. The injured worker was utilizing Valium 10 mg twice a day to address anxiety associated with chronic pain and to manage muscle spasms. The injured worker was noted to utilize Buspar 5 mg to address anxiety and prevent escalation of Valium. The injured worker was provided with Atarax 25 mg 3 times a day to address hives and itching. The diagnosis included chronic pain syndrome associated with both psychological factors and a general medical condition and major depression with history of psychotic features not evident at this point, along with panic disorder with agoraphobia. The physician further documented lack of authorization, which factors into no medication for the injured worker is dangerous. It was noted to exacerbate the symptomatology and put the injured worker at risk for being a psychiatric casualty. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg tablet #60 with two refills, BID: 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 California Medical Treatment Utilization Schedule guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for diazepam 5 mg tablets #60 with 2 refills bid is not medically necessary.