

<b>Case Number:</b>	CM15-0109887		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/15/2001
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 61-year-old male, who sustained an industrial injury on December 15, 2001. He reported lower back and right lower extremity pain. The injured worker was diagnosed as having chronic pain syndrome; major depression, recurrent without psychotic features with elements of panic; lumbar radiculopathy; failed lumbar surgery syndrome; right cervical radiculopathy; right shoulder impingement syndrome; myofascial pain syndrome; and pain in joint, ankle-foot right. Diagnostic studies to date have included: On August 8, 2014, psychological testing was performed: The Millon Behavioral Medicine Diagnostic (MBMD) revealed depression, functional deficits, pain sensitivity, and adjustment difficulties. The Pain Patient Profile (P3) revealed depression and anxiety, which were above the mean for a chronic pain patient. The Symptom Checklist-90-Revised (SCL-90-R) revealed increased anxiety. Surgeries to date have included: a laminotomy, foraminotomy, and excision of the lumbar 4-5 disc in 2003. Treatment to date has included chiropractic therapy; physical therapy; acupuncture; transcutaneous electrical nerve stimulation (TENS); a home exercise program; heat; psychotherapy; epidural steroid injections; nerve blocks; and medications including muscle relaxant; anti-epilepsy; antianxiety; opioid analgesic; antipsychotic; antidepressant; steroids; and benzodiazepine. Other noted dates of injury documented in the medical record include: 1989; September 2001; and November 16, 2012. Comorbid diagnoses included history of prostate cancer. Work status: permanent and stationary. He has not worked since 2002. On May 7, 2015, the injured worker complained of constant, ongoing neck, lumbar, right ankle, right foot, and right knee pain. The pain is described as sharp, dull, aching, pins & needles, stabbing, numbness,

electrical-shooting, burning, stinging, weakness, and spasm. He also complained of depression and anxiety. The physical exam revealed a gait with right-sided limp, normal posture, and no inconsistent behavioral responses. Requested treatments include: Valium. The medication list includes Abilify, Mirtazapine, Gabapentin, Norco, Nabumetone and Valium. The patient has had an MRI of the cervical spine that revealed discopathy. Patient had received ESIs and SI joint injection. The patient has had history of fractured rib and twisted knee due to fall.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Diazepam 10mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** Diazepam is a benzodiazepine, an anti anxiety drug. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker was diagnosed as having chronic pain syndrome; major depression, recurrent without psychotic features with elements of panic; lumbar radiculopathy; failed lumbar surgery syndrome; right cervical radiculopathy; right shoulder impingement syndrome; myofascial pain syndrome; and pain in joint, ankle-foot right. Diagnostic studies to date have included: The diazepam has been prescribed in a low dose and a reasonably small quantity. The patient has had significant psychiatric findings in addition to surgeries and objective findings. He also has a history of prostate cancer. It is deemed that a small quantity of diazepam is medically appropriate and necessary for dealing with anxiety on an as needed basis. Therefore, the request for Diazepam 10mg #30 is medically necessary and appropriate for this patient at this time.